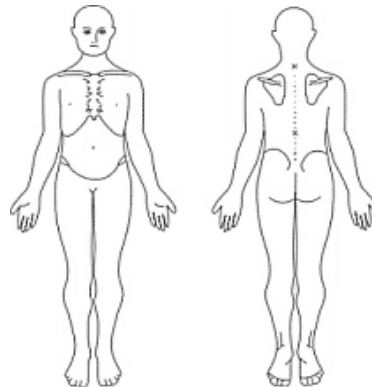
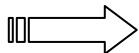


ANAMAYA WELLNESS MASSAGE HEALTH INTAKE FORM

Client Name _____ Today's Date _____
Address _____ E-mail _____
City _____ State _____ Zip Code _____
Telephone _____ Age _____ Sex: M _____ F _____
Occupation: _____ Referred by: _____

1. What are you hoping to gain from massage? _____
2. Have you ever had a professional massage or other type of bodywork? Yes ___ No ___
If so, what kind(s)? _____
3. Are you presently under a doctor's or therapist's care? _____ If so, for what? _____
4. Please list current symptoms: _____
5. Please list any medications you are taking: _____
What side effects, if any, do you experience? _____
6. What kind of exercise do you do regularly? _____
How often? _____
7. Do you have any allergies? _____ If so, to what? _____
8. Do you smoke? ___ Drink? ___ Are you pregnant? ___ If so, which trimester are you in? _____

**PLEASE MARK ON THE FIGURE
TO THE RIGHT YOUR AREAS OF
MOST TENSION, PAIN
AND/OR DISCOMFORT**



I, _____ *print name here* _____ understand that there are conditions for which massage therapy may be contraindicated. I have given a complete health history to the best of my knowledge, and I agree that I will not hold the Massage Therapist liable for any effects from my session. I also attest to receiving clearance from my doctor to receive massage therapy if I have any condition that may require such medical approval. Finally, I understand that all information gathered with regard to my participation in the massage sessions will be held in the strictest confidence by the Massage Therapist.

Client Signature

Date