

# Celestial Coaching and Bodywork Intake Form

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ How did you hear about me: \_\_\_\_\_

Phone: \_\_\_\_\_ (cell) or (home) Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

Are there any medical conditions or physical limitations I need to be aware of before your session?

\_\_\_\_\_

What areas would you like to focus on during your session?

\_\_\_\_\_

Do you currently have any diagnosed medical condition(s) or are you under the care of a medical practitioner?

\_\_\_\_\_

Please list all medications, supplements, vitamins, etc. that you are currently taking:

\_\_\_\_\_

Please list/describe any major surgery, injury or traumatic accident in the last 5 years:

\_\_\_\_\_

\_\_\_\_\_

Please mark all conditions that apply:

Stress	Constipation
Skin conditions	Allergies _____
Asthma	Cancer _____
Bronchitis	Diabetes
Chronic cough	Fainting
Emphysema	Fever
Shortness of breath	Insomnia
High/low blood pressure	Rashes/bruise easily
Heart attack	Numbness/Tingling
Heart disease	Pinched Nerves
Stroke _____	Spinal Condition _____
Pacemaker	Painful/Swollen Joints
Varicose veins	Seizures
Poor circulation	Anxiety
Headache/migraine	Depression
Jaw pain/TMJ dysfunction	Chronic Fatigue/Fibromyalgia _____
Sinus problems	Arthritis _____
Digestive disorders _____	Osteoporosis

I have answered all questions to the best of my knowledge and have given full disclosure regarding the topics listed above. I understand that this is a professional therapeutic massage provided for the purpose of relief from muscle tension. If I experience pain or discomfort during the session, I will immediately inform my therapist so that the pressure and/or strokes may be adjusted to the level of my comfort.

Signature \_\_\_\_\_ Date \_\_\_\_\_