



# THE YOGA ZEN

## BODYWORK INTAKE FORM

### CLIENT INFORMATION

name \_\_\_\_\_ date \_\_\_\_\_

address \_\_\_\_\_

city/state/zip \_\_\_\_\_

ph. \_\_\_\_\_

date of birth \_\_\_\_\_ [for birthday deals!]

email \_\_\_\_\_

emergency contact [name & phone] \_\_\_\_\_

referred by \_\_\_\_\_

### BODYWORK HISTORY

Have you ever received a professional massage or bodywork?

yes  no

date of last session \_\_\_\_\_

Are there any injuries, illnesses or conditions that your bodywork provider should be aware of that may affect your bodywork?  yes  no

If yes, please explain. \_\_\_\_\_

I have completed this form accurately and will inform the bodywork provider of any change in my physical health. I understand that bodywork providers can not diagnose illness, disease, or any other medical, physical, or emotional disorder. I understand that bodywork therapy is a health aid and is non-sexual. I understand that if the bodywork provider starts a session late the time will be made up at the end, if possible, or the fee will be reduced accordingly. I understand that if I arrive late, my session will end at the originally scheduled time so the client following me is not penalized. I agree to give at least 24 hour notice to cancel an appointment or a 50% fee will be charged to the card on file. No call no shows will be charged 100% of the fee.

signature \_\_\_\_\_ date \_\_\_\_\_

