The Healers Hands Massage & Bodywork
Intake Form

Name_____ Date_____

Address_____
Street City State Zip

Date of Birth_____ Home Number _____ Cell Number_____

Emergency Contact _____
Name Relationship Number

Are you presently taking any medication? _____Yes _____No

Please Explain:

_____

_____

Have you had a recent major surgical procedure or injury? ____ Yes ____ No

Please Explain:

_____

_____

Are you currently seeing a Chiropractor, Physical Therapist, or Physician for an ongoing issue?

____ Yes ____No

Please Explain:

_____

_____

Please circle your stress level:

Low 1 2 3 4 5 High

Are you allergic to any Lotions or Oils? ____ Yes ____ No

Please Explain:_____