

## **WELLNESS INTAKE FORM**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### **5 ELEMENT QUESTIONS**

1. What is your favorite color, do you wear it often? \_\_\_\_\_
2. Do you have a favorite month and why? \_\_\_\_\_
3. What foods do you like most to eat? \_\_\_\_\_
4. Do you prefer hot or cold drinks? \_\_\_\_\_
5. Do you have a tendency to feel cold or hot? \_\_\_\_\_
6. Do you have an animal in your life, cat/dog/birds? \_\_\_\_\_
7. How is your sleep? \_\_\_\_\_ Do you wake up during the night? \_\_\_\_\_  
If so, what time do you wake up? \_\_\_\_\_
8. Circle your preferred environment    **Nature or City**    **Social Gatherings/Alone time**

### **GENERAL HEALTH QUESTIONS**

Have you ever had a land and/or an Aquatic massage and if so what kind? \_\_\_\_\_

Are you comfortable in water? \_\_\_\_\_ Are you sensitive to getting water in your ears? \_\_\_\_\_

Have you had any traumas you wish to share?  
\_\_\_\_\_

Do you have any part of your body that is sensitive to pressure or to being stretched?  
\_\_\_\_\_

Watsu/Aquatic Integration is an aquatic modality that involves the practitioner holding the client while moving them through the water. Are you comfortable with being held? \_\_\_\_\_

### **DO YOU NOW HAVE/OR HAD ANY OF THE FOLLOWING**

Diabetes	yes__no__	Sensitive to Heat	yes__no__
High Blood Pressure	yes__no__	Pregnant	yes__no__
Heart Disease	yes__no__	Allergies	yes__no__
Heart Attack	yes__no__	Previous Surgery	yes__no__
Pacemaker	yes__no__	Hernia	yes__no__
Headaches	yes__no__	Seizures	yes__no__
Motion Sickness	yes__no__	Metal Implants	yes__no__
Nervous Disorders	yes__no__	Cancer	yes__no__

Do you have any expectations for this visit? \_\_\_\_\_

This is your treatment. If you are physically uncomfortable at anytime, please let me know, so I can adjust or you can adjust your position. If you wish or need to stop the session for any reason, please let me know.

**24 hour Cancellation Policy**

A \$25 fee will be charged for cancellations or no shows. We appreciate and value your business. Please respect our scheduled visit time or let us know in advance that you can't make it. Thank you!

**Please read the following waiver and information and sign below.**

1. I understand that although massage therapy can be very therapeutic, relaxing and reduce muscular tension, it is not a substitute for medical examination, diagnosis and treatment.
2. Being that massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully.
3. I agree to the 24 hour cancellation policy.
4. The undersigned assumes full responsibility for his/her decision to receive this session and will in no way hold the Practitioner or Facility liable for any injury or physical condition that may result.

*Client Signature* \_\_\_\_\_ *Date* \_\_\_\_\_