JENNY KROWL
BODY RESCUE

CLIENT INTAKE FORM

Name _____

Date of Birth _____

Referred by _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Bus/Cell Phone _____

Email _____

Occupation _____

Have you seen a physician for any reason within the past 2 years?

Yes ☐ No ☐

If Yes, Doctor/Clinic _____

If currently on medication, please list amount per day & reason

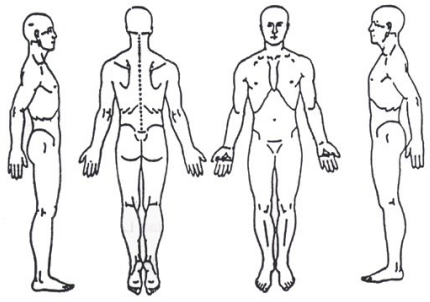
List sports, activities, hobbies, etc.

In case of Emergency, call _____

What types of bodywork have you experienced in the past?

Please list 3 goals you have for yourself (whether physical, emotional, mental or spiritual) in the context of our work together (ie. reason for session)

Therapist Use _____



Today's Date _____

Do you have now, or have had a history of the following:
(Please check all that apply and give a description)

- ☐ Allergies _____
- ☐ Back Condition _____
- ☐ Broken Bones _____
- ☐ Bursitis _____
- ☐ Cancer _____
- ☐ Circulatory Disorder _____
- ☐ Contact Lenses _____
- ☐ Diabetes _____
- ☐ Digestive Disorder _____
- ☐ Fatigue _____
- ☐ Heart Condition _____
- ☐ High Blood Pressure _____
- ☐ Insomnia _____
- ☐ Low Blood Pressure _____
- ☐ Migraine Headaches _____
- ☐ Nervous Tension _____
- ☐ Recent Injuries _____
- ☐ Sinus Condition _____
- ☐ Skeletal Disorder _____
- ☐ Skin Disorder _____
- ☐ Surgery _____
- ☐ Varicose Veins _____
- ☐ HIV Positive _____
- ☐ Other _____