

Blue Bridge Massage

Gabrielle L. Hunter
Licensed Massage Therapist

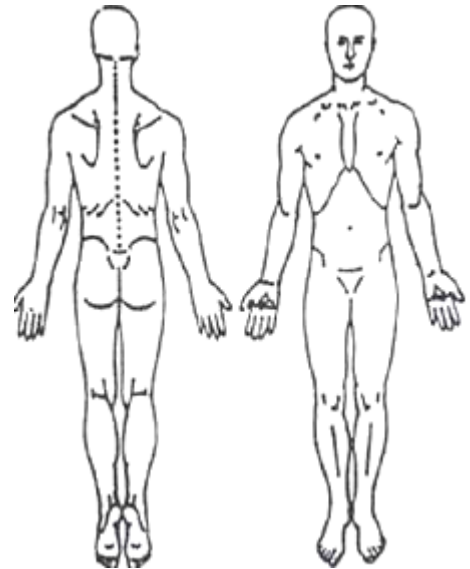
Client Body Therapy Intake Form

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Primary Phone #: _____ E-Mail: _____

Please circle areas of Pain/Tension on the figures to the right:

Are you living with, or have you experienced any of the following conditions?

- | | |
|--|---|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Glaucoma |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Asthma/Respiratory | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Edema | <input type="checkbox"/> Glandular Disorder |
| <input type="checkbox"/> Back Pain/Problems | <input type="checkbox"/> Low Blood Pressure |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Sciatica |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Diabetes, type _____ |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Varicose Veins |
| <input type="checkbox"/> Skin Condition | <input type="checkbox"/> Eating Disorder |
| <input type="checkbox"/> Chronic Disease _____ | |
| <input type="checkbox"/> Other _____ | |



Have you received bodywork or massage before? Y/N

If yes, what type of work? Was it effective? _____

What is your primary reason for scheduling a healing massage today?

- | | | |
|---|--|---|
| <input type="checkbox"/> Relaxation | <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Complimentary Therapy/Rx |
| <input type="checkbox"/> Recent Injury | <input type="checkbox"/> Long-term Illness | |
| <input type="checkbox"/> Other, Please Describe _____ | | |

Please list any medications that you are taking, including those that you have self-prescribed: _____

In Case of Emergency, Please Notify:

Name: _____ Telephone #: _____
Relationship: _____

Waiver: I do hereby state that all of the above information is complete and true to the best of my knowledge at this time. I accept responsibility for updating this information when I become aware of changes to the current status of my health and wellbeing. I also agree that treatment with Gabrielle L. Hunter is my complete responsibility and choice, and such participation is at my own risk. On behalf of myself, and all others in a legal relationship with me, I hereby release Gabrielle L. Hunter from any and all liability for any injury—emotional, physical or mental, which may occur to me while I am a client with her or as a result of using any information or instructions that I receive from her. By signing this form, I agree that I have read and understood the above information entirely.

Client's Signature: _____ **Date:** _____

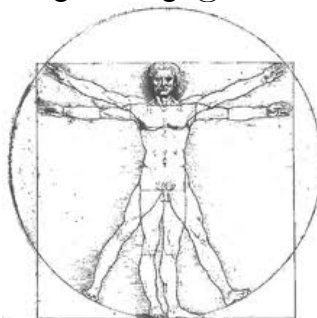
Consent to Treatment of Minor:

By my signature below, I _____
hereby authorize Gabrielle L. Hunter, L.M.T. to administer massage, bodywork or somatic therapy techniques to my child/dependent _____
as deemed necessary and within her scope of practice.
Signature of Parent/Guardian: _____ Date: _____

1. Sessions begin and end at scheduled times. If a client is more than 15 minutes late, he or she may be charged for the appointment. In addition, rescheduling may be recommended to ensure enough time for an effective treatment.
2. Be present (place cell phones in silent mode unless necessary), (no drugs/alcohol). We are working together to reach your wellness goals.
3. Clients provide a health history and update when necessary.
4. If cancellation is necessary, please give 24-hour notice or you may be charged for the appointment. However, we do know that emergencies happen.
5. Payment is expected at the time service is rendered.

Thank you for your Business, Presence and Time!

Blue Bridge Massage
“Building Bridges from Body to Mind”
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bluebridgmassage@hotmail.com



“If anything is sacred, the human body is sacred.”
--Walt Whitman, *Leaves of Grass*