BODY LOGIC
massage & chiropractic

Client Intake Form

The information collected in this form will be used only for the purpose of designing an appropriate massage therapy program for you and will not be disclosed to any third party without your consent.

General Information

Date ________________________ D.O.B. ___________________ Age _________ Marital Status _________________

Name ____ email: ____

Address ____ City, ST Zip ____

Phone ___________________________ Mobile ____________________________ Work __________________________

Occupation ____ Employer ____

In case of emergency, please notify: Name ____ Phone ________________________

Medical History

Current or Previous major illnesses ____

Current or Previous injuries or accidents ____

Please check if any of the following are relevant to your medical history:

- ☐ Allergies
- ☐ Arthritis
- ☐ Asthma
- ☐ Cancer
- ☐ Circulatory Problems
- ☐ Diabetes
- ☐ Other ____
- ☐ Epilepsy/Seizures
- ☐ Flu/Cold
- ☐ Headaches
- ☐ Heart Condition
- ☐ High Blood Pressure
- ☐ Previous MVA/trauma
- ☐ Osteoporosis
- ☐ Scoliosis/Lordosis
- ☐ Skin Disorders
- ☐ Sinus Problems
- ☐ Varicose Veins
- ☐ Any infectious conditions _________________

Females Only - *please mark if you are or are trying to get pregnant* ☐ ______________ weeks

Are you currently under the care of a physician? ☐ No ☐ Yes *if yes,* ____

Name Phone

Are you currently taking any medications? ☐ No ☐ Yes *if yes, please list* ____

We reserve the right to request a doctor's clearance before allowing you to receive massage therapy services.

Current Condition/Information

Purpose/Reason for today's visit ______________________________________

Do you exercise regularly? ☐ No ☐ Yes

Type _____________________ *Frequency* _________________________

Are you allergic to any nuts or oils? ☐ No ☐ Yes ______________________

For injuries/pain:

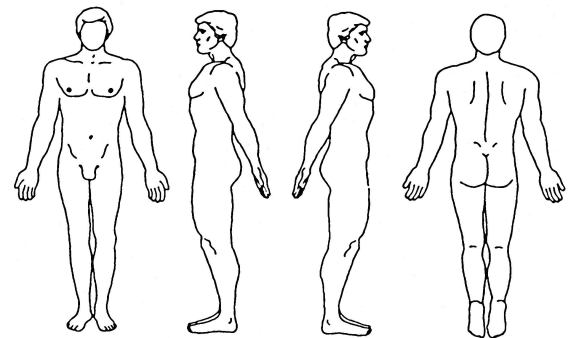
Areas of any discomfort/pain ____

How long have you had this pain/injury? ________________________________

Have you sought out other therapies/treatments? ☐ No ☐ Yes

if yes, list ____

*** what do you think is causing injury/pain?** ______________________________



Indicate pain/discomfort with an 'X'

How did you hear about us? *Please circle one.*

Drive By

Internet

Body Logic Staff

Event Which one? ______________________

Friend/Family Name?__________________________

Sandbridge Vacation Guide

Oceana Base Guide

Standard Process or BioFreeze Website

St. John's Bulletin

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Massage Therapy Acknowledgement:

- Focused attention and manual therapy will be given as agreed upon by the massage therapist and client for the predetermined goals of stress reduction, relief of muscular discomfort, and or health promotion. I understand that the massage therapist is not a licensed physician or chiropractor.
- I will immediately inform my massage therapist of any unusual sensation or discomfort, so that the application of pressure of strokes/technique(s) may be adjusted to my level of comfort, and agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to receive soft tissue therapy and massage services.
- I understand that there is no implied or stated guarantee of success or effectiveness with massage therapy treatments.
- I understand that by signing this form, I give my consent to receive the massage therapy treatments discussed in the initial and all future sessions and agree that my presence at subsequent sessions shall be construed to be continuation of this written consent. Also, by signing this form, I hereby release Body Logic, PC and any therapist providing services through Body Logic, PC from any and all liability relating to soft tissue therapy and massage services received.
- I have read and agree to Body Logic's fee schedule.

Liability Waiver and Release:

By signing below, the client acknowledges that they are aware of their own health and physical condition. Having such knowledge, the client further acknowledges that they are voluntarily receiving soft tissue therapy and massage services from Body Logic, PC and hereby assumes all risks connected therewith and consent to receive such therapy and services. The client also hereby releases and holds harmless Body Logic, PC, its massage therapists, officers, and employees of any liability, loss, cost, damage, expense, claim, or suit whatsoever for any or all injury, loss, illness, harm, cost, expense, claim, suit, damage or other claim resulting from, related to, or in any way arising from my receipt of soft tissue therapy and massage services.

IN NO EVENT WILL BODY LOGIC, PC BE LIABLE FOR CONSEQUENTIAL OR INCIDENTAL DAMAGES INCLUDING, WITHOUT LIMITATION, ANY CLAIM OR DEMAND AGAINST THE CLIENT BY ANY OTHER PARTY DUE TO ANY CAUSE WHATSOEVER, EVEN IF THE CLIENT HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. BODY LOGIC, PC'S LIABILITY HEREUNDER, REGARDLESS OF THE FORM OF ACTION, SHALL NOT EXCEED THE TOTAL AMOUNT PAID FOR SERVICES UNDER THIS AGREEMENT, WHICH SHALL BE THE CLIENT'S SOLE AND EXCLUSIVE REMEDY.

The client understands that the owner of and agent for any property where soft tissue therapy and massage services are provided will be third party beneficiaries of this Liability Waiver and Release.

This Liability Waiver and Release shall be effective as of the client's signature below, shall remain in effect for all future sessions with Body Logic, PC, and shall survive termination of client's receipt of services from Body Logic, PC.

Client Signature: ____ Date: _______________

Minor Consent and Release:

By signing below, I consent for the minor child referenced above to receive massage services as designated by initialing the proper section . The client also understands that each massage therapist may request the presence of the guardian in the room as deemed necessary for proper treatment.

___: With a massage therapist of the same gender ___: Only when I am present

___: With a massage therapist of any gender ___: In my absence

Parent/Guardian Signature: ____________________________________ Date: ________________