



# Customer Intake form

Name:		Prenome:	
Street:		Street Accessory:	
Zip code:		City:	
Telephone private:		Mobile:	
eMail:		Date of birth:	
Your family doctor		Telephone doctor	

Do you currently have physical or mental problems?  Yes  No

If so, which ones? \_\_\_\_\_

Are you currently receiving medical treatment?  Yes  No

If so, why? \_\_\_\_\_

Are you currently taking medication?  Yes  No

If so, which ones? \_\_\_\_\_

Do you have allergies?  Yes  No

If so, where, which ones? \_\_\_\_\_

Have you recently had surgery?  Yes  No

If so, where? \_\_\_\_\_

Did you have a surgery last year?  Yes  No

If so, when, where? \_\_\_\_\_

How do you assess your state of health?  Good  Moderate  Bad

Are they in pain now?  Yes  No

If so, where, which ones? \_\_\_\_\_

How do you feel cold or warm?  Normal  Disturbed

Do you suffer from movement restrictions?  Yes  No

If so, where, which ones? \_\_\_\_\_



# Customer Intake form

How is your sleep?

Good  Mediocre  Bad  Funny

If not good, what do you suspect to be the cause?

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Are you currently pregnant?  Yes  No    In which week? \_\_\_\_\_    Are you still breastfeeding?  Yes  No

## **On our own behalf:**

How did you become aware of us?  AdWords ad  recommendation  poster  search engine

If not AdWords please specify:

\_\_\_\_\_

What do you expect from your massage?

\_\_\_\_\_

## **Customer Agreement:**

It is my decision to receive massage therapy. I am aware of the advantages as well as the risks of the massage and give my consent to it by signing it.

I understand that no implied guarantee can be given for the success of the effectiveness of a massage or series of massages. I confirm that this massage therapy is not a substitute for medical care, medical examination or diagnosis.

I have informed my therapist of all medical conditions that I am aware of and undertake to inform him immediately before the next massage, if there are any changes in my state of health.

\_\_\_\_\_

Place

\_\_\_\_\_

Date

\_\_\_\_\_

Signature