

**Steve J Davis, RYT, LMT, NCTMB**

**Client Intake and Record**

OBMT License #13 099, NCTMB Registrant #512195-06, Yoga Alliance Registry #29243  
AMTA Professional Member #189088, American Red Cross Certified in First Aid, CPR/AED.  
(503) 724-2755, steve.yoga@yahoo.com, healinglight.info  
Five Centerpointe Drive, Suite 400, Lake Oswego, OR 97035

Please print clearly and complete the entire form. The information requested is critical to your treatment. For your safety we must be aware of any and all medical conditions for which you have or have not been diagnosed. Thank you, Namaste.

Client Name \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_ Birth Date \_\_\_\_\_ Occupation \_\_\_\_\_

Emergency Name & Contact Number \_\_\_\_\_

**1. General Questions**

- a. How are you feeling today?
- b. How recently have you received a massage? What was it for? Who was the massage therapist? What were the results?  
(for yoga session, answer accordingly. Also list experience in yoga. Thank you!)
- c. What do you want from your massage today? (for yoga session, answer accordingly).
- d. Do any parts of your body need special attention? Are there any parts that should not be massaged?

**2. Medical History** (use back of form if necessary)

- a. What type of work do you do? Do you have any physical problems that regularly appear in your work, daily life or recreation?
- b. Have you ever been diagnosed with cancer? If so, what type and what is your current condition?
- c. Do you have any communicable diseases? If so, which ones?
- d. What substances are you currently taking (including herbs, homeopathic remedies, supplements, alcohol, recreational drugs and prescribed medications)?
- e. Are you currently under the care of a physician? If so, what for? Please write down the physician's name and (if available), telephone number and/or address.
- f. Have you had any surgeries? If so, what type and approximate date? Injuries? What happened, what was injured, and when?

Please fill out reverse side. Thank you! Namaste!

g. Do you have problems in any of the following systems? If so, what are they? Do you have any of the listed conditions or symptoms? (List these specifics below).

SYSTEMS	COMMON CONDITIONS	SYMPTOMS
<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Allergies	<input type="checkbox"/> Abnormal energy
<input type="checkbox"/> Endocrine	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Dietary problems
<input type="checkbox"/> Gastrointestinal	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Fever
<input type="checkbox"/> Immune	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Headaches
<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Other	<input type="checkbox"/> Inflammation
<input type="checkbox"/> Neurological		<input type="checkbox"/> Menstrual
<input type="checkbox"/> Psychological		<input type="checkbox"/> Any skin condition
<input type="checkbox"/> Reproductive		<input type="checkbox"/> Numbness
<input type="checkbox"/> Respiratory		<input type="checkbox"/> Pain (where?)
<input type="checkbox"/> Urinary		<input type="checkbox"/> Pregnancy
<input type="checkbox"/> Integumentary		<input type="checkbox"/> Sleep problems
		<input type="checkbox"/> Stress
		<input type="checkbox"/> Swelling
		<input type="checkbox"/> Cold/Fever/Cough
		<input type="checkbox"/> Fungus infection
		<input type="checkbox"/> Parasite/other
		<input type="checkbox"/> Herpes/other
		<input type="checkbox"/> Other

=====Stop here until we speak, thanks!=====

**1. Concluding questions**

a. To comply with informed consent regulations, I am informing you of the following items. Please initial in the relevant boxes to indicate you understand these items.

- (1)  What to expect from the entire bodywork session.
- (2)  The proposed treatment plan, including massage, movement therapy, hydrotherapy, and/or other modalities.
- (3)  Any contraindications or precautions that will be observed.

b. Do you have any other questions or concerns?

**Client Financial Agreement and Authorization for Treatment:** By my signature, I certify that the above is true to the best of my knowledge. By my signature, I state that I understand that I will receive a therapeutic massage and/or private yoga session for the purpose of maintaining optimal health and physical condition. Steve J Davis, is a registered yoga teacher and licensed massage therapist. He does not reject clients based on nationality, sex, sexual preference, age, or any other classification. However he does reserve the right to refuse service to anyone. He does not diagnose illness, disease, or other physical or mental disorders. He does not prescribe medical treatments or drugs. The following statements are for massage appointments: Payment of services rendered is due at the time of the appointment. Cancellation policy: To avoid being charged for missed appointments, I agree to give 24 hours notice of cancellation, barring any emergencies, should I need to cancel or change any future appointments. Privacy policy for all personal and medical information. The following statement meets the HIPAA privacy regulation. Steve J Davis will not release any client information to anyone other than the client without written permission from the client.

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

Printed Name \_\_\_\_\_

Please fill out reverse side. Thank you! Namaste!