

# BODYWORK



# CONNECTIONS

1100 Holly Springs Road Suite 100,/ P.O. Box 184 Holly Springs, NC 27540

## Initial Intake Form

Those things marked with an "\*" are required fields.

\*First Name ..... \*Last Name ..... \*M / F .....

\*Address: ..... \*City: ..... \*State: ..... \*Zip .....

Email Address ..... Phone Number: .....

\*Emergency Contact Name & Number: .....

Birthdate: ..... Anniversary ..... Occupation: .....

Age: ..... Height ..... Weight .....

Who referred you to Bodywork Connections? .....

### Daily Activities:

- Strenuous- Active Fitness Workout Program (Competitive Athlete)
- Moderately Active Fitness Conditioning Routine
- Active Lifestyle
- Sedentary

### Medical History:

Have you experienced any of the following conditions in the past five (5) years or more?

- Coronary Artery Disease  High Blood Pressure  Diabetes  Cancer  Stress  Migraines
- Arthritis  Fibromyalgia  Back Problems  Sciatica  Scoliosis  Neck Injuries  Swollen Joints
- Allergies  Pregnancy  Varicose Veins  Depression  Other: \_\_\_\_\_

Are you currently experiencing any of the following:

- Communicable Diseases  Nausea  Vomiting  Fever  Sniffles  Cough  Sore Throat  Swollen glands

Please list any serious injuries, illness or surgeries that may have an impact on the type or style of massage. \_\_\_\_\_

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Please list any medications you are currently taking and the conditions to which they pertain:

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## Massage Therapy Goals:

I am interested in:

- Integrative Massage    On-Site Muscle Therapy    Sports Massage    Basic Stress Reduction  
 Kinesio Taping  
 Specific Restorative Work: Please describe: \_\_\_\_\_

I prefer:

- Light, gentle touch    Medium pressure    Heavy, Deep Tissue work    I am not sure.

I prefer:

- Aroma therapy lotion/cream    Unscented lotion/cream    It doesn't matter    No Lotions Creams  
 Muscle Comfort Cream    Balance Cream    Calming Cream    Organic Cream

## ~Policies~

### Cancellations

*~We request a 24 hour courtesy cancellation notice~*

- ❖ If you need to cancel an appointment, with less than 24 hours notice; “**same day**”, we enforce a 50% fee of the services. *Our exception* is if we are able to fill your appointed time slot with someone from our waiting list.
- ❖ If an appointment is missed altogether, (no phone call, **No Show**) you **will be billed** for the scheduled time. This is inclusive of Gift Certificates. Gift Certificates will have the missed appointment deducted from the valued amount.
  - ❖ **Late for an appointment**
- ❖ If you are over 15 minutes late for an appointment, without communication, the office will attempt to fill the time slot from our waiting list. Please call if you can.
  - ❖ **Overbooking**
- ❖ If Bodywork Connections makes an error in scheduling, or has to cancel/ reschedule due to "same day" illness of the therapist or you are inconvenienced, you will be given a 50% discount on your scheduled appointment or future appointment
  - ❖ **Gratuities**
- ❖ Gratuities are graciously accepted for Stress Reduction/Pampering Massages but are not expected with Muscular Restoration/Rehabilitative Therapeutic Massages.

Thank you for your consideration of our time  
as we strive to provide the best for your massage session.

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Please sign and date