



**PERSONAL INFORMATION**

Name \_\_\_\_\_ Date of Initial Visit \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Referred By \_\_\_\_\_

Emergency Contact (name, phone) \_\_\_\_\_

**MASSAGE THERAPY/BODYWORK EXPERIENCE/GOALS**

Have you received massage/bodywork before? \_\_\_ No \_\_\_ Yes (date of last session \_\_\_\_\_)

How often do you receive massage/bodywork? (circle one) WEEKLY BI-WEEKLY MONTHLY

What are your goals/expectations for this/these massage therapy session(s)? (circle all that apply, explain)

- Flexibility                      Injury Rehabilitation                      Stress Reduction                      Other Health Concern
- Alternative Therapy                      Athletic Performance                      Increase Well-Being                      Referral from medical professional

Other/Explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIFESTYLE & FITNESS**

How do you rate your current level of activity? (circle one)

- Sedentary/Very Inactive                      Somewhat Inactive                      Average                      Somewhat Active                      Extremely Active

What kind of exercise/sport is your preferred activity? \_\_\_\_\_

On a scale of 1-10, (1 is lowest, 10 is highest), how would you rate your level of stress?

- 1                      2                      3                      4                      5                      6                      7                      8                      9                      10

Explain  
\_\_\_\_\_  
\_\_\_\_\_



**PHYSICAL HISTORY**

Please review this list and check those conditions that have affected your health either recently or in the past.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> fractured/dislocated bones    | <input type="checkbox"/> diabetes type 1 or 2        | <input type="checkbox"/> pregnancy (EDD_____)   |
| <input type="checkbox"/> muscle strain/ligament sprain | <input type="checkbox"/> high/low blood pressure     | <input type="checkbox"/> surgery (explain below)  |
| <input type="checkbox"/> arthritis/gout/bursitis       | <input type="checkbox"/> insomnia                    | <input type="checkbox"/> seizures   |
| <input type="checkbox"/> disc problems                 | <input type="checkbox"/> anxiety/depression          | <input type="checkbox"/> stroke (explain below)   |
| <input type="checkbox"/> scoliosis                     | <input type="checkbox"/> asthma/breathing difficulty | <input type="checkbox"/> heart conditions, chest pain (explain below)                       |
| <input type="checkbox"/> back issues                   | <input type="checkbox"/> numbness/tingling           | <input type="checkbox"/> auto-immune condition (fibromyalgia, chronic fatigue, lupus, etc.) |
| <input type="checkbox"/> osteoporosis                  | <input type="checkbox"/> chronic pain                | <input type="checkbox"/> cancer (explain below)   |
| <input type="checkbox"/> bone or joint disease         | <input type="checkbox"/> irritable bowel syndrome    |   |
| <input type="checkbox"/> migraine/headache             | <input type="checkbox"/> Crohn's disease             |   |

Other/ Explain: \_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any medications?  Yes  No. If yes, please list names and reason for medications.

\_\_\_\_\_

Do you have sensitive skin or any allergies?  Yes  No. If yes, please list specific details \_\_\_\_\_.

**PLEASE READ CAREFULLY BEFORE SIGNING:**

SomaFlows, LLC is delighted to have you as a massage therapy, bodywork, and/or reiki client. The following information will help you get the most out of your sessions and clarify our licensed massage therapist/reiki practitioner/client relationship.

SomaFlows, LLC believes that massage therapy, bodywork, and reiki are more than methods of relaxation. They are transformative methods that integrate body, mind, and emotional experiences to arrive at deeper levels of relaxation and awareness. Some techniques may cause minor discomfort and your Licensed Massage Therapist will get your consent before proceeding. By choosing to participate I understand that SomaFlows, LLC Licensed Massage Therapists/Reiki practitioners use techniques that include physical movement, breath-work, and stretching. If I experience any pain or discomfort, I will listen to my body and inform my Licensed Massage Therapist/Reiki practitioner immediately.

I know that massage therapy, bodywork, and reiki are not substitutes for medical attention, examination, diagnosis, or treatment. I also know that all suggestions made by the Licensed Massage Therapist and Reiki practitioner are only suggestions and I am responsible for doing my own research and consulting a doctor before starting any new regimens. I understand that massage therapy and bodywork are contraindicated under certain medical conditions and take full responsibility for making the informed decision to receive the massage and bodywork. I do not have any physical conditions or disability that would limit my participation in massage therapy, bodywork or reiki sessions. I understand there is no implied or stated guarantee of success of effectiveness of individual techniques or series of appointments. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against SomaFlows, LLC and Allegra D. Estreet, MSN, RN, LMT. I also agree that all cancellations made less than 24 hours in advance will be paid in full.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_