

# Guided Touch Therapies Client Intake Form

Please Print Legibly

Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  
Occupation \_\_\_\_\_ Referred to this office by \_\_\_\_\_  
In case of emergency, contact \_\_\_\_\_ Phone \_\_\_\_\_

## General and Medical Information

Y N Have you ever had a professional massage? If yes, how often? \_\_\_\_\_  
Y N Are you pregnant? If yes, how far along are you? \_\_\_\_\_  
Y N Are you sensitive to touch/pressure in any area (ticklish)? \_\_\_\_\_  
Y N Are you allergic/sensitive to any oils (essential oils, nut oils, scents)? If yes, please list \_\_\_\_\_

List of current medications and reason \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List of surgeries (type and date) \_\_\_\_\_  
\_\_\_\_\_

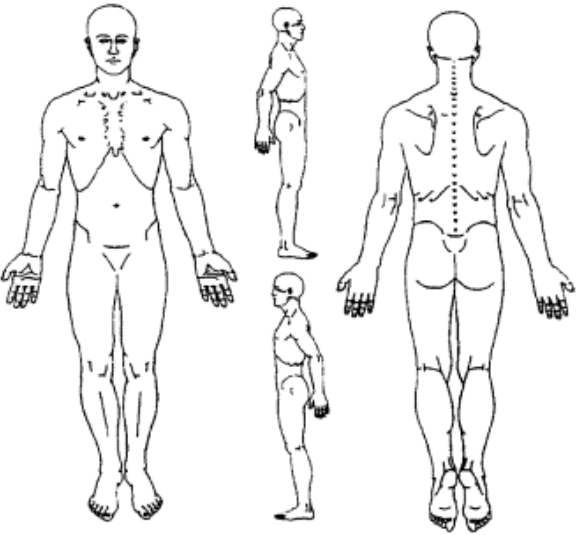
## Indicate Areas of Pain/Tension

On a scale from 1-10, 10=highest, rate your levels of  
Stress \_\_\_\_\_ Pain \_\_\_\_\_ Energy \_\_\_\_\_  
How did your symptoms begin and when did they start?  
\_\_\_\_\_  
\_\_\_\_\_

What have you done for relief? \_\_\_\_\_  
Is the condition getting better/worse? \_\_\_\_\_

## Please Check All That Apply

- Skin Condition-rash, warts, hives, skin cancer, other \_\_\_\_\_
- Lymphatic Condition-swollen gland, nasal congestion, lymph edema, other \_\_\_\_\_
- Joint Problems/stiffness-arthritis, sacroiliac problems, TMJ, other \_\_\_\_\_
- Bone Condition-osteoporosis, fracture, other \_\_\_\_\_
- Headaches
- Recent Injury or Accident-whiplash, sprain, bruise, other \_\_\_\_\_
- Circulatory Condition-high blood pressure, varicose veins, blood clots, other \_\_\_\_\_
- Numbness/Tingling Sciatica
- Tendonitis, Bursitis
- Diabetes



Please mark on the diagram above any areas where you have pain or discomfort.

To speed up your initial check-in process, please fill out this form and bring it with you. Thanks!

**Guided Touch Therapies**  
743 W Johnson St Suite E, Raleigh NC 27603  
919-614-6199

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