

KAIROS CENTER FOR WELL BEING ~ CLIENT INTAKE FORM

Name _____ DOB _____ Male/Female _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Work Phone _____ email address _____

Who is your primary health care provider? _____

Have you had massage before? _____ Oriental Bodywork? _____ Energy Work? _____

How often? _____ Today's Date _____

Your occupation _____ Hobbies _____

The following questions help me to assess your current state of health, to identify areas for specific focus, and to plan your treatment so that it addresses your specific needs.

Have you had surgeries, serious illness or any injuries within the past 3 years? ___ If so, please explain

List any supplements or medications you are currently taking (prescribed & not prescribed)

Are you currently receiving medical treatment? ___ If so, for what? _____

Please check those that apply to you:

Currently pregnant ___ diabetes ___ heart disease ___ high blood pressure ___ circulatory conditions ___ taking

blood thinning medication ___ fibromyalgia ___ varicose veins ___ cancer/post cancer ___ headaches ___

spine/back problems ___ PMS ___ open wounds/sores ___ allergic reactions ___ arthritis/bursitis ___ broken

bones ___ emotional distress ___ fatigue ___ seizures ___ immune disorder ___ osteoporosis ___ sinus

problems ___ skin conditions ___ bruise easily ___ communicable disease ___ other (please explain) _____

Describe your diet _____

Rate your stress at this time in your life: ___ none ___ mild ___ significant ___ extreme

Rate your emotions: ___ generally stable ___ up & down ___ unpredictable ___ explosive

other _____

Do you consider yourself to be underweight ___ appropriate weight ___ over weight ___ ?

Are you satisfied with your exercise routine? ___ What do you do for exercise? _____

Do you have routines in your life that cause repetitive stress on your body? ___ Please describe

What are you most interested in doing for your health at this time? _____

Do you have a spiritual practice? ___ Please describe _____

What do you hope to gain from the bodywork/energy work you are here to receive? _____

What else would you like me to know that may relate to this session? _____
