CORE KINETIC INTAKE FORM

Name:____ Home phone:__________________

Address:______________________________________ Work phone:__________________

____ Cell phone:____________________

E-mail:__________________________________ Referred by:________________________

Occupation:______________________________ Date of birth:_______________________

Reason for wanting massage/bodywork____

Do you now have or have you had problems with any of the following?

☐Heart	☐Asthma	☐Osteoporosis	☐Neck
☐Circulation	☐Skin problems	☐Seizures	☐Shoulder
☐Hypertension	☐Allergies	☐Cancer	☐Back
☐Headaches/Migraines	☐Medications	☐HIV/AIDS	☐Hip
☐Dizziness/Fainting	☐Intestinal disorders	☐Hepatitis	☐Knee
☐Lungs	☐Hernia	☐Diabetes	☐Other________

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For women: Are you pregnant? Yes No If yes, how many months?____________________

What type of treatment have you had or are you now having?

➲ Chiropractic, Physical Therapy, Naturopathy, Acupuncture, Osteopathy, Massage Therapy, Other____

FITNESS HISTORY

Please list any sports or exercise that you currently do or have done in the past:

____

What do you do for relaxation?____

- I hereby certify that I have disclosed all information about any condition that may be affected by the therapy, and I take sole responsibility for advising the therapist giving the treatment as to how it feels, favorably or adversely, and take full responsibility for the results. I understand that all sessions will be given by a licensed massage therapist, and I agree that I will hold no party other than myself liable for any treatment or the results thereof.

Signature______________________________Date______________________

CORE KINETIC CANCELLATION POLICY

I request a minimum of 24 hours for any cancellation so I may schedule another client/patient for that time.

If an appointment is not cancelled 24 hours prior to the scheduled appointment, you will be charged in full for your missed appointment. This may not apply in an emergency situation. Examples of emergencies are (1) severe weather (2) illness or accident. In any case, please call as soon as you can.
Thank you for understanding.

Olivier Pelletier, LMT

I have read and understood this policy:

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