

*Natural Therapeutics*  
817.738.4904  
*Client Intake & Consultation Form*

Date \_\_\_\_\_

Name: \_\_\_\_\_ Referred By \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street City State Zip

Home phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Emergency Contact (Name & Phone#) \_\_\_\_\_

What would you like to achieve from receiving Therapeutic Treatments? \_\_\_\_\_

Have you ever had a professional massage before? YES NO If yes, then how long ago? \_\_\_\_\_

Major physical complaints? \_\_\_\_\_

List current medications or supplements: \_\_\_\_\_

List any Allergies (skin, airborne, environmental) \_\_\_\_\_

**Do you currently have any of the following?**

Chronic Fatigue \_\_\_\_\_ Arthritis \_\_\_\_\_ Pregnant \_\_\_\_\_ Cancer (what type?) \_\_\_\_\_

High Blood Pressure \_\_\_\_\_ Diabetes \_\_\_\_\_ Infection \_\_\_\_\_ High Cholesterol \_\_\_\_\_

Circulation disorder \_\_\_\_\_ Seizures \_\_\_\_\_ Constipation \_\_\_\_\_ Varicose Veins \_\_\_\_\_

Communicable disease \_\_\_\_\_ Herpes \_\_\_\_\_ Migraines \_\_\_\_\_ High Stress \_\_\_\_\_

Please list any other medical conditions, major illness, broken bones, surgeries, or serious accidents that you have ever had.

Please read the following statements and sign at the bottom of the page:

I have read and fully understand this form in its entirety. If at any time there are changes in the information given or in my condition, I will notify my therapist, and update this form before receiving additional treatments. The Massage Therapist does not diagnose or prescribe for medical illness, disease or any other ailments. The services Natural Therapeutics provides are not substitutes for medical examination. I will inform the Therapist of any changes in my health to safely assist with my therapeutic treatments. Because of the time set aside especially for you, Natural Therapeutics requires 24 hours notice for a cancellation of services. Failing to do so will result in full payment of the booked services. As always at any time please let us know how we can best serve you!

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

*6340 Camp Bowie Blvd*  
*Ft Worth, TX 76116*