

# LOTUS 9 STUDIO MASSAGE CONFIDENTIAL CLIENT INFORMATION INTAKE

NAME \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_  
(Last) (First)

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

BEST CONTACT #'S: 1: \_\_\_\_\_ 2: \_\_\_\_\_

EMAIL \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
NEWSLETTER: Y or N

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ PRIMARY CARE PHYSICIAN \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PH # \_\_\_\_\_

WHO CAN WE THANK FOR THIS REFERRAL? \_\_\_\_\_  
Why have you chosen to work with Lotus 9? \_\_\_\_\_

Please list 3 things you would like to be able to do after your session(s) with Lotus 9, that you cannot do now (golf, sit through a movie, return to work):

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

<u><b>PRESENT PROBLEMS:</b></u> LOCATION & TYPE, i.e. sharp/dull	<u><b>PAIN RATING</b></u> (0= no pain, 10 = worst possible)	<u><b>APPROX DATE OF ONSET</b></u>
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1: _____	_____	_____
2: _____	_____	_____
3: _____	_____	_____

Do you have any recommendations or restrictions from your physician? Y or N

If yes, please explain: \_\_\_\_\_

Do you have a specific diagnosis from your physician? Y or N

If yes, what is it? \_\_\_\_\_

What makes you feel better?  
\_\_\_\_\_

What makes you feel worse?  
\_\_\_\_\_

INITIAL \_\_\_\_\_

What care are you currently under?

- Physical Therapy
- Chiropractic
- Acupuncture
- Physician
- Massage Therapist
- Other: \_\_\_\_\_

If employed, what are your current job activities?

- Bending/stooping
- Driving/Traveling
- Lifting
- Prolonged standing and/sitting
- Computer use
- Walking
- Extensive phone/tablet use (talking on phone and/or communicating via text/email/social media)

Do you currently wear orthotics? Y or N If **yes**, how long? \_\_\_\_\_

Do you currently take any medications? Y or N

If yes, please list (pertinent to bodywork sessions, ie muscle relaxers, pain killers, NSAIDS):

\_\_\_\_\_

Allergies? \_\_\_\_\_

On average, how many hours of sleep do you get each night? \_\_\_\_\_

Do you exercise regularly? Y or N

**PAST MEDICAL HISTORY**

Do you have history of:

- Arthritis
- Cardiac Risk Factors
- Low Back Pain
- Herniated/Bulging discs
- Burning/tingling/numbness in arms or legs
- Broken bones
- Balance problems or disturbances
- Fibromyalgia
- Joint Replacements **Where:**
- GI Issues
- High Blood Pressure
- Tendinitis/tendinosis

- Cancer
- TMJD
- Spinal Issues ie Stenosis
- Osteoporosis
- Plantar fasciitis
- Sciatica
- Scoliosis
- Carpal Tunnel
- Thoracic Outlet Syndrome
- Whiplash
- Frozen Shoulder
- Bone spurs **Where:**
- Low Blood Pressure
- Pregnant
- Diabetic

SURGERIES: \_\_\_\_\_

ACCIDENTS/INJURIES: \_\_\_\_\_

I declare that the above information is true and accurate to the best of my knowledge. I also understand that if anything changes or occurs, I know I must keep my therapist up to date with my health condition(s).

**LOTUS 9 POLICIES, CONSENT AND AUTHORIZATION TO RELEASE INFORMATION:**

1. **CONSENT:** I voluntarily authorize & give consent to Lotus 9 to provide its services to me. I understand that the services provided by Lotus 9 Studio are not a substitute for medical examination or diagnosis, and it is recommended that a physician may be consulted for that service.
2. **AUTHORIZATION:** I authorize the release of any information contained in my Lotus 9 record for the following purposes: *\*to assist in processing insurance claims, if applicable \*to provide information to my health care practitioners: chiropractor/PT/ \*to provide information to my physician.*
3. \_\_\_\_\_(INITIAL) **CANCELLATION POLICY:**I understand that Lotus 9 requires a minimum of 24 hours notice for any cancelled appointment. This is necessary to meet the needs of all our clients and to provide the best possible service. I understand that a **\$50 fee** will be charged to me for the first cancellation that occurs with less than a 24-hour notice **or** for the first “no-show” missed appointment. I also understand any future occurrences will be **E-billed** to me at the **full cost of the appointment.**
4. \_\_\_\_\_(INITIAL) **SAFETY & RESPECT:** We provide a professional and safe environment. We treat our clients with the utmost courtesy and respect and expect the same treatment, in return. Anything outside of this is not acceptable and your Lotus 9 therapist reserves the right to end a session or not re-book a session if this boundary has been crossed. Our right to safety and respect is non-negotiable. Plus, if you are sick with a communicable illness we will ask you to re-schedule your appointment when you are feeling better and/or cleared by your doctor.
5. \_\_\_\_\_(INITIAL) **APPOINTMENTS:** We do not do call reminders. We give you an appointment card. We appreciate that you keep your appointments *regularly and punctually.* Late arrivals will not receive extension of scheduled service time and will be responsible for full payment.
6. \_\_\_\_\_(INITIAL): **PAYMENT:** Payment for services rendered are due day of service via check, cash or credit card.

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

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(if a minor)