

**TULENA WELLNESS INC.  
CLIENT INTAKE FORM**

**NAME (PLEASE PRINT) :** Mr/Mrs/Ms \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Day Phone:** (     ) \_\_\_\_\_ **Eve Phone:** (     ) \_\_\_\_\_ **DOB (M/D/Y)** \_\_\_\_\_

**Emergency Contact: Name** \_\_\_\_\_

**Phone :** (     ) \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**How did you hear about us?:** \_\_\_\_\_ **Referral: Who:** \_\_\_\_\_

**I give permission to thank the person who referred me and mention my name:** Yes \_\_\_\_\_ No \_\_\_\_\_

.....

**Please list any Medications/ treating what condition:** \_\_\_\_\_

\_\_\_\_\_

**Do you have any: Joint Replacements, Internal Pins or Wires, Pacemaker, Ports/Drains or Removed Organs? Y/N**

\_\_\_\_\_

**Is there anything else, not listed on the second page, that Tulena Wellness should know?** \_\_\_\_\_

\_\_\_\_\_

**What are you looking to achieve from your Massage Session?** \_\_\_\_\_

.....

I certify that the information provided on both pages of this form is true and accurate. I understand that massage is a complimentary treatment and that it does not replace visits to my physician. Massage Practitioners do not diagnose illness, disease or any other physical or mental disorders nor do they prescribe medication or claim to cure any condition. By completing both pages of this form, I have informed the practitioner of all my medical conditions and it is my responsibility to notify practitioner before treatment, concerning any changes to my physical health.

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

**Cancellation Policy**

I agree to provide at least 24 hours notice to change or cancel my appointments. I understand that 3<sup>rd</sup> and subsequent last-minute changes and cancellations will be charged cancellation fees at the rate of: \$10 for 30min appointments, \$20 for 60min appointments and \$30 for 90min appointments. I agree to pay any accrued cancellation charges at my next appointment.

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

**PLEASE FILL OUT NEXT PAGE →**

**Circulatory Conditions:**

- Heart Attack /Stroke
- Angina
- Heart Palpitations
- Blood Pressure High/Low
- Atherosclerosis
- Arteritis-inflamed artery
- Phlebitis-inflamed vein
- Varicose Veins
- Aneurysm
- Thrombosis / Blood Clots
- Carotid Stenosis
- Raynaud's Disease
- Beurger's Disease
- Cardiovascular Disease:

Other: \_\_\_\_\_

**Respiratory Conditions:**

- Asthma
- Pneumonia
- Chronic Bronchitis
- Emphysema
- Sinusitis
- Sinus congestion
- Shortness of breath
- Chronic cough
- Tuberculosis
- Other:

**Genitourinary System:**

- Constipation
- Gas/ Bloating
- Nausea
- Irritable Bowel Syndrome
- Urination problems

**Liver/** Gall Bladder

**Kidney/** Bladder

- Hernia
- Poor appetite
- Other:

**Musculo-Skeletal:**

- Fibromyalgia
- Osteoporosis
- Joint or bone disease
- Tendonitis/ Bursitis
- Sprain/Strain
- Bone Breaks/ Fractures
- Dislocations
- Disc Injury/ Spinal Problems
- Spasms/Cramps
- Contractures
- Headaches/ Migraines
- TMJ
- Other:

**Nervous System:**

- Epilepsy/ seizure
- Paralysis
- Multiple Sclerosis
- Parkinson's Disease
- Numbness/tingling
- Other:

**Arthritic Conditions:**

- Ankylosing Spondylitis
- Degenerative Discs
- Gout
- Osteoarthritis
- Rheumatoid Arthritis

Where: \_\_\_\_\_

**Blood Conditions:**

- Anemia
- Hemophilia
- Leukemia:

**Women Only:**

- Are You Pregnant? Y / N  
Months \_\_\_\_\_
- Are You Nursing? Y / N

**Systemic Conditions:**

- Diabetes / Hypoglycemia  
Insulin/ Medication: \_\_\_\_\_
- Fatigue Problems
- Fever/chills/sweats
- Fainting/dizziness
- Lupus
- Systemic Lymphedema
- Contagious/Infectious Disease: \_\_\_\_\_
- Other: \_\_\_\_\_

**Skin Conditions:**

- Allergies:
- Hypersensitivity/ hives
- Bruises easily
- Rashes/itching
- Poor healing
- Eczema/ Psoriasis
- Athletes Foot
- Skin Conditions

Warts

Other: \_\_\_\_\_

**Other:**

- Thyroid Disorders
- Localized Edema
- Eating Disorder
- Recent Surgeries
- Hormone Treatment
- Cancer/Tumors  
Radiation / Chemo?  
Last Treatment \_\_\_\_\_
- Please Explain/ Other: \_\_\_\_\_