



## Vedic Thai Yoga Bodywork Client Intake Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact (Name/Phone): \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Presenting Issue/Primary Reason For Appointment: (Discuss any physical areas of tension or discomfort along with any goals or expectations you have concerning treatment)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you experienced Vedic Thai Bodywork before? \_\_\_\_\_

If yes, please describe \_\_\_\_\_

How did you hear about this healing art form? \_\_\_\_\_

Please list (if any) current medical conditions/medications. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you pregnant? yes/no If yes, what trimester? \_\_\_\_\_

I understand that the practitioner does not diagnose illness, disease, or any other physical or mental disorder; does not prescribe medical or pharmaceutical treatment and does not do spinal manipulations. It is clear to me that this treatment is not a substitute for medical examinations and/or diagnosis, and it is recommended that I see a physician for any physical ailments. I have stated all my known medical conditions and medications/drugs/supplements taken, and understand I am responsible to update my practitioner on my current state of health on all subsequent visits.

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