

Thai Yoga Bodywork (TYB) Client Intake

Confidential Information:

Name: _____	Date: _____
Address: _____	Home#: _____
City: _____	Cell#: _____
State: _____	Zip Code: _____
E-mail: _____	DOB: _____

Have you ever received TYB? Yes No

What are your goals/expectations for this TYB?

Medical History

Please check all Medical Conditions below that apply to you:

Abdominal Pain	Headaches
Allergies to Incense	Heart Attack
Aortic Aneurysm	Hemophilia
Asthma	Hernia
Back Injury/Pain	High Blood Pressure
Balance Problems	Joint Ache
Blood Clot	Mastectomy
Breast Augmentation	Neck Injury/Pain
Broken Bones	Open Wounds/Cuts
Bruise easily	Osteoarthritis
Cancer	Osteoporosis
Cardiac Surgery	Pacemaker
Carpal Tunnel Syndrome	Previous Dislocation
Chest Pain	Rheumatoid Arthritis
Chronic Fatigue	Sciatica
Colitis	Scoliosis
Constipation	Seizures
Diabetes	Shortness of Breath
Diarrhea	Skin Disease
Dizziness/Vertigo	Stroke
Fibromyalgia	Varicose Veins

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Is there any other condition in your medical history that we should be aware of?

Please list your surgical history:

Movement Restrictions:

Medications:

Are you comfortable with therapeutic touch to your stomach and/or face?

Yes No

Are you pregnant? Yes No

Please read the following and sign below:

Consent for TYB

I understand that Thai Yoga Bodywork is not a replacement for medical care and that no diagnosis will be made. No treatment of any illness, disease, physical or mental disorder, injury, or condition will be performed. I have informed my Thai Yoga Bodyworker about my state of health and verbalized any changes of my medical history and/or recommendations/restrictions from my medical practitioner as it relates to TYB.

Cancellation Policy

If I am not able to make a scheduled appointment, I agree to cancel the appointment 24 hours in advance by phone. If I miss a scheduled appointment without giving 24 hour notice, I agree to pay any missed appointment charge applicable.

Date: _____

Signature: _____