



Waterland Wellness

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Des Moines, WA 98198
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Personal Health Intake Form

Today's Date:
Full Name: M F
Address: Apt.#
City, State, Zip:
Phone: Cell:
Email:
Employer:

Birthdate:
Occupation:
Physician and phone:
Emergency contact and phone:

Please list all over-the-counter and prescription medications you are currently taking:

Please list all accidents, injuries and surgeries and their approximate dates:

Please check mark any conditions that apply to you (either current or in the past):

- Allergies: mold pollen dust dander other
Arthritis: osteo rheumatoid stiffness in joints?
Athlete's foot
Back pain: upper lower
Blood clots: where? Deep Vein Thrombosis (DVT)?
Blood pressure: high low taking medication?
Cancer: type? in remission chemo radiation surgery lymphedema tumor
Carpal Tunnel Syndrome: pain in arm / wrist tingling / numbness pain up to shoulder
Cold / Congestion / Fever / Flu: currently have the sniffles? currently have a fever? sinus congestion
Constipation / Digestive discomfort: currently experiencing? type of discomfort?
Contagious disease: tuberculosis scabies impetigo ringworm other
Diabetes: Type I Type II insulin dependent diet controlled
Fatigue: trouble sleeping? lethargic? constant weariness?
Headaches: migraine? where does it start? one sided? how often? duration?
Heart: pacemaker surgery other
Hepatitis: A,B,C,D,E,F Treated?
HIV/ AIDS:
Infection: where? taking medication?
Inflammation: "Frozen Shoulder" Bursitis Myositis other
Lupus: Remission?
Muscle spasm: due to singular event recurring are you a runner? athlete (sport)?
Neck / spinal injury or pain: whiplash when? "pinched nerve" low range of motion
Pregnancy: 1st trimester 2nd trimester 3rd trimester due date?
Sciatica: due to herniated disc which vertebrae? do you smoke? quit smoking?
Scoliosis: fused vertebrae corrective surgery functional with no surgery
Seizure: epilepsy taking medication? other
Skin: acne psoriasis eczema cellulitis rash other
Stroke: TIA Aneurysm
Vertebral discs: herniated ruptured vertebrae fused

Additional comments:

Have you ever received a massage before? Y N :: If yes, how long ago was your last massage?

Do you prefer LIGHT MODERATE or DEEP pressure?

What is your preferred method of contact? Phone Email Postal Mail

May we add your email address to our database? We will never sell or share your information with anyone else. Y N

Agreement for Services

I, the undersigned, understand that the massage therapy session given here is for the purpose of relaxation, stress reduction, and / or relief from muscular tension, spasm and / or pain, and for increasing circulation and energy flow. I understand that the licensed massage practitioner does not diagnose illness, disease, or any other physical or mental disorder. As such, the licensed massage practitioner does not prescribe medical treatment or pharmaceuticals, nor does the licensed massage practitioner perform any spinal or bone manipulations. I understand that professional massage therapy is not a substitute for medical examination and / or medical diagnosis and that it is recommended that I see a physician for any physical ailment that I may have.

I hereby acknowledge that the above information is true and accurate regarding my past and present health condition to the best of my knowledge and take it upon myself to keep the licensed massage practitioner updated on my current health status.

Client / Patient signature: _____ Date: _____

Parent / Guardian signature: _____ Date: _____

Acknowledgement of Notice of Privacy Practices

I acknowledge receipt of Privacy Practices as provided to me in hard copy format. My initials below indicate that I have received the Notice of Privacy Practices and I have been provided the opportunity to take the hard copy form if desired.

Client / Patient Initials: _____

**** Optional:** *All client information is strictly confidential and will never be released to a third party.*

How did you learn about the Des Moines Square Holistic Therapies? Are you visiting The Wellness Sanctuary or Waterland Wellness Massage today? Please circle one: TWS WWM

Received Gift Certificate _____ Internet _____ Friend _____ Relative _____
 Driving By _____ Komonews Community pages _____ Promotion _____
 Physician referral _____ Other referral _____ Other _____
 Des Moines City Currents Magazine Ad _____ Normandy Park City Scene Magazine Ad _____

Internet (please circle how you found our site):

Yahoo Google GoogleMaps Yelp Bing
 Healthprofs.com Smartpages.com Other Yellow Pages Other _____

Name of person who referred you if applicable _____

Are there any "health and wellness-related" topics of interest to you that you would like to learn more about? Are you interested in attending classes and / or workshops here about these topics? Y N

Thank you and Be Well!