

Client Intake Form

All information is kept confidential



Manifest It
THAI MASSAGE THERAPY

Client Information

Name: _____

Date: _____

Birth information: [Thai Medicine takes into account astrology to more fully understand their clients]

1. (mm/dd/yy): _____

2. Time: _____

3. Location (City, State, Country):

Current Address/Zip Code: _____

Telephone: (____) _____

Email: _____

Massage Information

Have you ever received a professional Thai massage before? _____

What are your goals/expected outcomes for receiving massage today? _____

List and prioritize your current symptoms / issues (stress, pain, stiffness, numbness/tingling, swelling, etc.):

List the medications you currently take: _____

Are you pregnant / menstruating? _____

Emergency Contact (Name/#):

How did you hear about *Manifest It, Thai Massage Therapy*? _____

Are you seeking medical insurance reimbursement? _____

If you answered yes, please complete the Billing information form.

Are you referred from a medical doctor? _____

If you answered yes, please complete the physician referral form.

Health Information

Have you had any injuries or surgeries in the past?

Please explain: _____

Late/Cancellation Policy

If you will be arriving late for your appointment, please call ahead to advise your therapist when you will arrive. *The amount of time late will result in that amount of time taken away from your massage.* This is to keep on schedule for other guests.

Guests that have not shown within 10 minutes of their scheduled appointment and have not contacted your therapist to ensure their arrival will be *responsible for the full price* of their missed appointment.

If you are unable to keep an appointment, please let your therapist know at least 24-hours prior to your scheduled appointment. Contact by phone is required.

You are responsible for the cost of any appointments not cancelled within 24-hours.

By signing this form, you acknowledge that you have read and agree to the above.

Signature: _____ Date: _____

[Please flip over]

Client Intake Form Cont.

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You are about to become a client of *Manifest It, Thai Massage Therapy* for the purpose of Thai massage, Thai herbal massage, Thai Foot Reflexology massage, or East/West massage. Your therapist has experience and specialized training in her services and is not liable to cure, diagnose, or treat any medical conditions; this therapy should not replace treatment or consultation with a qualified physician. On rare occasions, guests may have adverse reactions to massage. These may include headache, dizziness, muscle soreness, slight bruising, and allergic reaction to herbal products, among others. If steamed herbs are being used, there is a chance of slight burning. You are in complete control of the massage, and if you feel any of these symptoms at any time, please inform me so that we can correct the situation or discontinue the massage. You agree not to hold *Manifest It, Thai Massage Therapy* liable for any adverse effects of any treatments given.

This is a professional massage, and any sign of inappropriate conduct towards your therapist will not be tolerated and the guest will be asked to leave.

Your massage will be conducted in utmost confidentiality. Personal information collected by *Manifest It, Thai Massage Therapy* on our forms or during massage treatments will not be shared with anyone for any reason without your written approval.

By signing this form, you acknowledge that you have read and agree to the above.

Signature: _____ Date: _____

Print Name: _____

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The body and mind relationship is a smart and informative connection to be interpreted for human beings wellness. The mind can control the body similar to how the body can influence the mind. Knowing various problems from the mind can infer why some physical issues may be manifesting. Likewise, pin-pointing various physical issues may also bring an understanding for someone's mental and emotional wellbeing.

Furthermore, when the mind is under stress, it needs to let YOU know - in some way - that your emotions may be imbalanced. How can the body relate this message to you? The only way your body can communicate with YOU is to manifest (make known to man) into some physical form of pain, disorder, or dysfunction. This manifestation is a clear sign that something deeper is going on within.

It is important to see why your body manifested what it did by finding the emotions that may be of cause, to let go of past challenges, change current mindsets, while working on the physical body to manifest health and well-being.

The following intake questions are to analyze imbalances within the physical, emotional, and spiritual body in relation to your health and wellness. Please answer to your honest ability.

According to what you may feel, please check the box that suits your state the best.

Do you commonly feel:	YES	NO	SOMETIMES	NOT SURE	IN PAST
1. Ungrounded					
2. Easily confused					
3. Unable to progress forward in life					
4. Feeling unwelcome in situations					
5. Having distrust in people					
6. Having a tendency to worry					
7. Easily fearful					
8. Unable to cope in situations					
9. Feeling distant from others					
10. Shameful					
11. Guiltful					
12. Difficulty accepting/adapting to change					
13. Difficulty with self-power					
14. Difficulty with self-control					
15. Difficulty with self-freedom					
16. Passive					
17. Indecisive					
18. Uncomfortable being alone					
19. Confused/clouded thoughts					
20. Hyper sensitivity to criticism					

Do you commonly feel:	YES	NO	SOMETIMES	NOT SURE	IN PAST
21. Low self-esteem					
22. Loss of drive/purpose in life					
23. Loss of uniqueness/individuality					
24. Timid					
25. Submissive					
26. Domineering					
27. Aggressive					
28. Heavily opinionated					
29. Un-cooperative					
30. Clinging to people/things					
31. Cold					
32. Distant					
33. Sad					
34. Bitter					
35. Emotionally closed					
36. Unable to express/receive love					
37. Feeling isolated					
38. Feeling separate from your authentic self					
39. Critical/judgmental to self					
40. Critical/judgmental to others					
41. Selfish					
42. Demanding					
43. Moody					
44. Possessive					
45. Controlling					
46. Suspicious					
47. Manipulative					
48. Afraid of letting past occurrences go					
49. Difficulty communicating					
50. Tendency to make poor choices					
51. Poor listener					
52. Excessive talker					
53. Overly opinionated					
54. Contain unexpressed feelings					
55. Overly-reactive					
56. Stubborn					
57. Gossip					
58. Tendency to lie					
59. Tendency to yell/raise your voice frequently					
60. Smoke					
61. Drink alcohol					

Do you commonly feel:	YES	NO	SOMETIMES	NOT SURE	IN PAST
62. Drink caffeine					
63. Intake allopathic drugs					
64. Intake recreational drugs					
65. Emotionally over-eat					
66. Foggy mind					
67. Skewed sense of reality					
68. Mental fatigue					
69. Feeling disoriented					
70. Difficulty visualizing goals					
71. Difficulty having independent thinking					
72. Frequent nightmares					
73. Difficulty remembering dreams					
74. Experiences of hallucinating/delusion					
75. Difficulty focusing/concentrating					
76. Depression					
77. Difficulty learning					
78. Difficulty thinking clearly					
79. Difficulty finding a spiritual belief					
80. Cynicism/rigid belief system					
81. Difficulty processing information					
82. Difficulty making decisions					
83. Apathetic					
84. Feeling a need to be right					
85. Frequently repeating damaging life patterns					
86. Unable to experience true growth					
87. Not able to grasp true inner joy					
88. Over intellectualize					
89. Overwhelmed mentally with information					
90. Manic depressive					
91. Confused sexual expression					
92. Feeling disconnected form the body					

According to your physical state, please check the box suitable for you.

Do you currently have:	YES	NO	SOMETIMES	NOT SURE	IN PAST
1. Adrenal deficiencies					
2. Osteoarthritis					
3. Bone/spinal disorders					
4. Arthritis					
5. Autoimmune diseases					
6. Anorexia					

Do you currently have:	YES	NO	SOMETIMES	NOT SURE	IN PAST
7. Obesity					
8. Chronic fatigue					
9. Kidney infections					
10. History of UTI's					
11. Intestinal disorders					
12. Elimination disorders					
13. Reproductive issues					
14. Hemorrhoids					
15. Low back pain					
16. Pelvic pain					
17. Hip/joint problems					
18. Libido					
19. Urinary issues					
20. Sciatica					
21. Infertility					
22. Uterine issues					
23. Stomach ulcers					
24. Intestinal tumors					
25. Diabetes					
26. Pancreatitis					
27. Indigestion					
28. Irritable bowel					
29. Constipation					
30. Weight struggles					
31. Anorexia/bulimia					
32. Hepatitis					
33. Cirrhosis					
34. Adrenal imbalances					
35. Hypertension					
36. Insomnia					
37. Chronic physical fatigue					
38. Colon disease					
39. Liver problems					
40. Heart disease					
41. Heart conditions					
42. Lung conditions					
43. Breathing issues					
44. Asthma					
45. Allergies					
46. Sleep apnea					
47. Pain in chest					

Do you currently have:	YES	NO	SOMETIMES	NOT SURE	IN PAST
48. Upper back pain					
49. Shoulder pain					
50. Carpal tunnel syndrome					
51. Breast cancers					
52. Pneumonia					
53. Circulatory issues					
54. Weak immunity					
55. High/low blood pressure					
56. Poor digestion					
57. Mouth pain					
58. Jaw pain					
59. Neck pain					
60. Cervical spine dysfunction					
61. Thyroid dysfunction					
62. Sore throat					
63. Laryngitis					
64. Swollen glands					
65. Swollen tonsils					
66. Gum disease					
67. Mouth ulcers					
68. Scoliosis					
69. Voice problems					
70. Tooth problems					
71. TMJ					
72. Frequent flus					
73. Frequent colds					
74. Frequent infections					
75. Allergic reactions to food/medicine					
76. Headaches					
77. Brain tumors					
78. Strokes					
79. Seizures					
80. Eye strain					
81. Blindness					
82. Deafness					
83. Learning disabilities					
84. Spinal issues					
85. Sleep issues					
86. Impaired vision					
87. Sinus congestion					
88. Hormonal imbalances					

Do you currently have:	YES	NO	SOMETIMES	NOT SURE	IN PAST
89. Muscular system diseases					
90. Skeletal system issues					
91. Skin issues/disorders					
92. Chronic physical exhaustion					
93. Mental illness					
94. Immune disorders					

The following groups of questions are asked to address all physical pains you may be experiencing. The reason for your appointment may be to address back pain. However, you may also be experiencing hip pain. The two physical issues may be inter-related; and it is important to address both and all issues you may be experiencing to fully heal the prime reason of your appointment.

Please X the box next to any physical symptom you currently may be experiencing:

Headaches	
1. Two sided headache	
2. One-sided with dry eyes and blurred vision (migraine)	
3. Tension headache	
4. Temporal pain	
Face	
1. Mouth distortion (from one side to the other)	
2. Jaw pain	
Neck	
1. Sprained neck	
2. Stiff neck	
3. Neck pain while turning the head	
Shoulder	
1. Pain at midpoint of the inner edge of the shoulder blade	
2. Pain at the lower third of the inner edge of the shoulder blade	
3. Shoulder pain with additional pain while breathing	
4. Pain next to the lower medial part of the shoulder blade with additional pain along the thoracic spine	
5. Stiff shoulder with pain when raising the arm	
6. Shoulder pain when bending the arm behind the back	
Arm, Elbow, and Forearm	
1. Weak arm	
2. Heavy arm	
3. Pain from the shoulder to the wrist	
4. Numb hand	
5. Tennis elbow	
6. Stiffness with pain when bending and straightening the arm	
Wrist	
1. Wrist pain at the little finger line	
2. Wrist pain at the thumb line	
3. Wrist pain at the middle finger line	

4. Swollen wrist	
5. Carpal tunnel	
Fingers	
1. Sprained little finger	
2. Sprained ring finger	
3. Sprained middle finger	
4. Sprained index finger	
5. Sprained thumb	
Back	
1. Middle back pain	
2. Lower middle and upper back pain	
3. Middle back pain with radiated pain to the back of the leg	
Lower Back	
1. Lower back pain at the area of L-5 and S-1	
2. Lower back pain at the lumbar vertebrae	
3. Lower back pain with pain at the buttocks	
4. Radiation of pain to the leg	
5. Lower back pain when bowing face down	
6. Lower back pain when turning up and arching backwards	
7. Lower back pain when twisting	
Hip	
1. Hip pain in flexion, abduction, and outer rotation	
2. Hip pain in flexion, adduction, and inner rotation	
Legs	
1. Heavy and week leg	
2. Stiff calf muscle and hamstring	
3. Pain at the groin	
4. Pain at the inner thigh	
Knee	
1. Outer knee pain	
2. Inner knee pain	
3. Stiff knee with pain when bending and straightening	
Ankle	
1. Sprained outer ankle	
2. Sprained and swollen outer ankle	
3. Sprained inner ankle	
Foot	
1. Pain at the sole of the foot while waking	
2. Stiff Achilles tendon	
Toes	
1. Sprained big toe	
2. Sprained 2 nd toe	
3. Sprained 3 rd toe	
4. Sprained 4 th toe	
5. Sprained little toe	

Please list any other diagnosed pathologies you may currently be experiencing:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Finally, we are going to declare what you want MANIFESTED while working with Manifest It, Thai Massage Therapy. First, write down everything you would like manifested in your life. This could be related to your physical and/or emotional wellness, occupations, living situations, relationships, etc. It is important to write these goals as a direct statement (i.e. "I wish to be a homeowner"). You may write as many or as little goals as you would like.

We will touch on these and thoroughly explain these pre-manifestations later in your sessions with Manifest It, Thai Massage Therapy.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____