

Healing Touch by Natalie

MASSAGE & ASSISTED STRETCHING CLIENT INTAKE

1. About you

Full name

Date of birth

Email

Phone

Street address

City, state & ZIP

Emergency contact

Emergency phone

Referred by

First appointment date

2. Your goals and preferences

Have you received professional massage or assisted stretching before?

☐ Yes

☐ No

If yes, how often?

Do you have difficulty lying on your front, back, or side?

☐ Yes

☐ No

Please explain any positioning needs

Any allergies or sensitivities to oils, lotions, adhesives, or topical products?

☐ Yes

☐ No

Please list

Work, sport, hobby, or repetitive movements that affect how you feel

What would you like from this visit? Include pressure preferences and areas to avoid.

Healing Touch by Natalie

AREAS TO DISCUSS & HEALTH INFORMATION

3. Areas to discuss

Select any areas you would like Natalie to focus on. You can revise your choices at the appointment.

- | | | |
|--|-------------------------------------|---------------------------------------|
| ☐ Head / face | ☐ Neck | ☐ Shoulders |
| ☐ Upper back | ☐ Lower back | ☐ Arms / hands |
| ☐ Hips / glutes | ☐ Legs | ☐ Feet |
| ☐ Abdomen | ☐ Full body | ☐ Not sure yet |

4. Health information

These answers help Natalie plan a safer session. They do not replace medical evaluation or clearance.

Are you currently under medical care or recovering from a procedure? ☐ Yes ☐ No

Please explain

Are you currently taking medications relevant to bodywork or stretching? ☐ Yes ☐ No

Please list

Check any current or recent condition that Natalie should discuss with you before service:

- | | |
|---|---|
| ☐ Fever or contagious illness | ☐ Open wound / active skin condition |
| ☐ Blood clot / DVT / phlebitis | ☐ Heart or circulation condition |
| ☐ High or low blood pressure | ☐ Easy bruising / bleeding concern |
| ☐ Recent injury or accident | ☐ Recent surgery or procedure |
| ☐ Joint condition / instability | ☐ Osteoporosis |
| ☐ Neuropathy / reduced sensation | ☐ Diabetes |
| ☐ Cancer treatment | ☐ Seizure condition |
| ☐ Pregnancy | ☐ Headache / migraine |
| ☐ Allergy / product sensitivity | ☐ Other condition to discuss |

Details, timing, restrictions, or areas to avoid

Healing Touch by Natalie

INFORMED CONSENT & SIGNATURES

Anything else Natalie should know to plan your session?

5. Informed consent

I understand that massage and assisted stretching are wellness services intended to support relaxation, comfort, and movement. They are not medical diagnosis or treatment and do not replace care from a licensed medical professional.

I have shared relevant health information honestly and will tell Natalie about changes, discomfort, or areas I do not want treated. I may ask to adjust or stop the session at any time. Natalie may modify, postpone, or decline service when bodywork or stretching may be unsuitable.

Professional draping and boundaries apply. Only the area being worked is uncovered. Sexual or threatening conduct ends the session immediately. I have reviewed the appointment and cancellation policy at healingtouchbynatalie.fit/policies.

☐ I have read all three pages and had an opportunity to ask questions.

Client signature or typed name

Date

Parent / guardian signature or typed name (if client is under 18)

Date

Privacy note

Bring this form on your device or on paper. If you choose to email it, attach the saved PDF to natshealingtouch@gmail.com only if you are comfortable sending health information by ordinary email.