



Client Intake Form

From The Roots Up Wellness and Massage

Personal Information:

Your medical and personal information is kept strictly confidential and will not be shared.

Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Email: _____ Date of Birth: _____

Occupation: _____

Emergency Contact: _____ Phone : _____

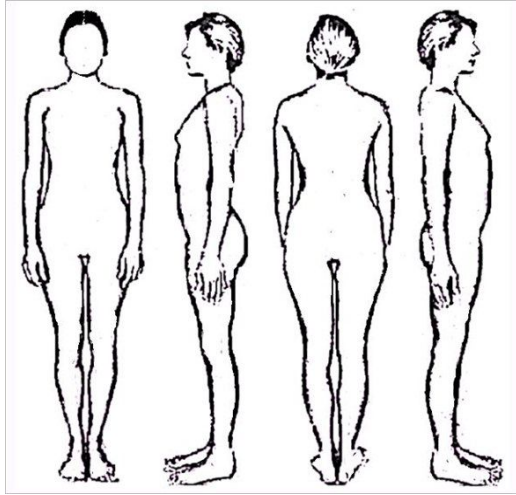
*The following information will be used to help plan safe and effective massage/reiki sessions.
Please answer the questions to the best of your knowledge.*

Date of Initial Visit: _____

Referred by: _____

1. Have you had a professional massage or reiki before? Yes No
If yes, how often? _____
2. Do you have any difficulty lying on your front, back or side? Yes No
If yes, please explain _____
3. Do you have any allergies to oils, lotions, or ointments? Yes No
If yes, please explain _____
4. Do you have sensitive skin? Yes No
5. Are you wearing contact lenses (), dentures (), hearing aids ()? Yes No
6. Do you sit for long hours at a workstation, computer or driving? Yes No
If yes, please describe _____
7. Do you perform any repetitive movement in your work, sports, or hobby? Yes No
If yes, please describe _____
8. Do you experience stress in your work, family or other aspect of your life? Yes No
If yes, in which ways do you think it has affected your health?
Muscle tension () Anxiety () Insomnia () Irritability () Other _____
9. Are you experiencing physical tension, stiffness, pain or other discomfort in any particular areas?
Yes No
If yes, please identify _____

Circle any specific areas that you would like to be the focus of your healing during your session:



Medical History:

In order to plan a session that is safe and effective, we need some general information about your medical history.

11. Are you currently under medical supervision? Yes No
If yes, please explain _____
12. Do you see a chiropractor? Yes No If yes, how often? _____
13. Are you currently taking any medications/supplements? Yes No
If yes, please list _____
14. Please check any of the following conditions that apply to you:
- | | |
|---|---|
| <input type="checkbox"/> contagious skin condition | <input type="checkbox"/> phlebitis |
| <input type="checkbox"/> open sores or wounds | <input type="checkbox"/> deep vein thrombosis/blood clots |
| <input type="checkbox"/> easy bruising | <input type="checkbox"/> joint disorder/arthritis/tendonitis/osteoarthritis |
| <input type="checkbox"/> recent accident or injury | <input type="checkbox"/> osteoporosis |
| <input type="checkbox"/> recent fracture | <input type="checkbox"/> epilepsy |
| <input type="checkbox"/> recent surgery | <input type="checkbox"/> headaches/migraines |
| <input type="checkbox"/> artificial joints | <input type="checkbox"/> cancer |
| <input type="checkbox"/> sprains/strains | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> current fever | <input type="checkbox"/> decreased sensation |
| <input type="checkbox"/> swollen glands | <input type="checkbox"/> back/neck problems |
| <input type="checkbox"/> allergies/sensitivity | <input type="checkbox"/> fibromyalgia |
| <input type="checkbox"/> heart condition | <input type="checkbox"/> TMJ |
| <input type="checkbox"/> high or low blood pressure | <input type="checkbox"/> carpal tunnel syndrome |
| <input type="checkbox"/> circulatory disorder | <input type="checkbox"/> tennis elbow |
| <input type="checkbox"/> varicose veins | <input type="checkbox"/> atherosclerosis |

Please explain details of any conditions that you have marked above _____

15. Are you pregnant? Yes No If yes, how many months _____

16. Is there anything else you feel would be helpful for your massage therapist to know to plan a safe and effective healing session for you? _____

17. What are your methods of relaxation? _____

Draping will be used during sessions - only the area being worked on will be uncovered. Clients under the age of 18 must be accompanied by a parent or legal guardian during the entire session. Informed written consent must be provided by parent or legal guardian for any client under the age of 17.

I, _____ (print name) understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness and that nothing said in the course of the session given should be construed as such. Because massage/spiritual healing should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

Signature of Client _____ Date _____

Signature of Practitioner _____ Date _____



Understanding Your Chakras

Chakras, by definition, are energy centers within the human body that help to regulate all its processes, from organ function to the immune system and emotions. Seven chakras are positioned throughout your body, from the base of your spine to the crown of your head. Each chakra has its own vibrational frequency, color, and governs specific functions that help make you, well, human. It is important to understand, you are energy. All living things are created by and comprised of energy. The ability of your energy centers to function optimally is what keeps you psychologically, emotionally, physically, and spiritually balanced.

What are the 7 Chakras?

When exploring the chakras, it's best to start at the beginning. Below is a list of each chakra, starting with the base of the spine and moving up. Given is the chakra name, location, color, and function. Anytime a chakra becomes blocked, underactive or overactive, it can throw you off balance physically, emotionally, mentally, and spiritually.

- **Root (1st)** — Base of the Spine (red); governs survival instincts, grounding. *Physical manifestations you may experience if blocked: money issues, family support issues, spine, legs, knees, ankles, feet, bones, teeth (not gums), colon, prostate, bladder, blood circulation, fear, anxiety, frustration, insecurity, loss of self confidence, calcium deficiencies, anemia, fatigue, obesity, bladder infections, hemorrhoids.*
- **Sacral (2nd)** — Lower abdomen (orange); governs sexuality, intuition, self-worth/-esteem. *Physical manifestations you may experience if blocked: ovaries, testes, womb, kidneys, urinary tract, skin, spleen, gallbladder, kidneys, stiff low back, constipation, fever, cold, urinary problems, obesity, eating disorders, depression, impotence, uterine problems, yeast infection, sexually transmitted diseases, addictions.*
- **Solar Plexus (3rd)** — Upper abdomen (yellow); governs impulse control, ego. *Physical manifestations you may experience if blocked: digestion, liver, stomach, diaphragm, nervous system, pancreas, metabolism, small intestines, lack of confidence, confusion, worry about what others think, gas and acid indigestion, diabetes and blood sugar, hepatitis, nervousness, addiction to stimulants, parasites, jaundice, poor memory.*

- **Heart (4th)** — Center of the chest (green); governs compassion, spirituality. Physical manifestations you may experience if blocked: lungs, heart, bronchia, thymus gland, arms, hands, respiratory, hypertension, muscles, feeling sorry for oneself, paranoia, indecisiveness, fear of letting go, fear of getting hurt or ignored, high blood pressure, passiveness, asthma, pneumonia, emphysema, muscle tension, heart problems, breathing problems.
- **Throat (5th)** — Throat (blue); governs communication, emotion. Physical conditions you may experience if blocked: throat, vocal system, mouth, jaw, thyroid, parathyroid, tongue, gums, neck, shoulders, lymph, atlas, menstrual cycle, suppression of feelings - not being vocal about them, cold, cough, thyroid issues, flu, fevers, blisters, infections, herpes, itching, sores, tonsillitis, toothaches, OCS, speech disorders, TMJ, hyperactivity, melancholy, hormonal problems, swelling, hiccups, PMS, mood swings.
- **Third Eye (6th)** — Between the eyes (purple); governs rationality, wisdom, imagination. Physical manifestations you may experience if blocked: eyes, nose, ears, sinuses, cerebellum, pineal, forebrain, autonomic nervous system, selfish attitude, non-assertiveness, fear of success, egotistical nature, headaches, eye strain, loss of memory, anger, blindness, migraines, earaches, nightmares, sleep disorders, fear, manic depression, schizophrenia, paranoia, equilibrium imbalances
- **Crown (7th)** — Top of the head (indigo); governs connection with the Divine. Physical manifestations you may experience if blocked: Upper brain, cerebral cortex, cerebrum, pituitary, central nervous system, hair growth, top of head, depression, alienation, mental illness, neuralgia, confusion, senility, veins, blood vessels, lymphatic system, bacteria, warts, skin rashes, eczema.

Everything we experience physically has a spiritual connection and deeper meaning behind the symptom.

Balancing the chakras supports the body to heal itself and brings you into peace with who you are.

