Client intake & health history

Bourne Bodyworks · 818 Industry Place, Carbondale, CO 81623 · (970) 355-8790 · hello@bournebodyworks.com

Client information

Client name

Date of birth

Phone

Email

Today's date

Home address

Emergency contact name

Emergency contact phone

How did you hear about us?

Your goals for this work

What brings you in? (sport, training, recovery, pain, relaxation, aging well...)

Sport(s) / activities & current training load

Upcoming event or competition? (what & when)

Current discomfort, 0–10 (now / at its worst)

_____

When did it start?

_____

What makes it better / worse?

_____

Areas you'd like us to focus on

_____

Areas you'd prefer we avoid or not work

_____

Have you received massage before? What worked — and what didn't?

_____

Anything about touch, draping, positioning, or the environment that would help you feel comfortable?

_____

Pressure you generally prefer: □ light □ moderate □ firm
□ not sure — let's find it together

Health history

Please check anything that applies now or in the recent past. A check doesn't mean you can't receive massage — it means we adapt the work, and in some cases we'll ask your physician first.

Heart & circulation: ☐ High or low blood pressure
☐ Heart condition / circulatory issues ☐ Stroke or TIA
☐ Blood clots / DVT / clotting disorder ☐ Blood-thinning medication ☐ Varicose veins
☐ Pacemaker / defibrillator / implanted device or port

Bones, joints & muscles: ☐ Osteoporosis / low bone density
☐ Arthritis (osteo / rheumatoid — circle)
☐ Joint replacement / surgical hardware (which, when — below)
☐ Recent injury, sprain, or fracture ☐ Surgery in the last 12 months

Nervous system: ☐ Numbness, tingling, or neuropathy ☐ Seizures / epilepsy
☐ Migraines / frequent headaches ☐ Dizziness / balance concerns

Other conditions: ☐ Diabetes ☐ Asthma, COPD, or other breathing condition
☐ Autoimmune / inflammatory condition (RA, lupus, fibromyalgia…)
☐ Kidney or liver disease ☐ Cancer (current or past)
☐ Lymphedema / lymph-node removal ☐ Skin conditions, rashes, or open wounds
☐ Fever or contagious illness (past 48 hours) ☐ Pregnant
☐ Postpartum (past 12 months) ☐ Allergies to oils, lotions, scents, or nuts
☐ Other (below)

Details on anything checked above (what, when, current status)

Head & neurological screening (matters for craniosacral & sports work)

☐ Concussion or head injury (when? — below) ☐ Diagnosed or suspected aneurysm
☐ Skull or facial fracture ☐ Brain or spinal surgery, shunt, or implant
☐ Recent spinal tap, epidural, or CSF issues ☐ None of these

If checked: what & when? Symptoms fully resolved?

Medications

Current medications & supplements (name — what it's for)

Have you taken pain medication, muscle relaxants, or anything else today that reduces sensation? □ yes □ no

If yes: what & when? Any recent injections (cortisone etc.) — where & when?

Past injuries or surgeries we should know about (with approximate dates)

If pregnant or postpartum

If pregnant: how many weeks?

High-risk or complications? (blood pressure, gestational diabetes, clotting...)

Prenatal provider

If postpartum: weeks since delivery

Delivery type (vaginal / C-section)

For our older-adult & longevity clients

Any falls in the last 12 months? (how many)

Mobility aids (cane, walker, wheelchair...)

Any trouble getting on/off a table, or lying flat or face-down?

Fragile or thin skin / long-term corticosteroid use?

Caregiver, family member, or POA we may involve? (name & phone — optional)

Your care team

Primary care physician & phone (all clients)

Are you currently working with a physician, physical therapist, or other provider for anything we'd be working around? ☐ yes ☐ no

Provider name & role (if yes)

For what condition?

If you'd like us to coordinate with that provider, we'll ask for your separate written consent on the consent & provider-referral form. We never contact a provider without it.

Session location

Where will we work? ☐ in-studio (Carbondale) ☐ in-home

If in-home: full address

Access notes (stairs, parking, pets…)

Who else will be present? Home oxygen in use?

Staying in touch

You may contact me about appointments (confirmations, reminders, schedule changes) by: ☐ email ☐ text ☐ phone call

Appointment messages only — never marketing without separate permission. You can change this anytime.

Client acknowledgment

I confirm the information above is true and complete to the best of my knowledge. I understand that massage therapy at Bourne Bodyworks is provided by a Colorado-licensed massage therapist, that it is not a substitute for medical care, and that the therapist does not diagnose or treat medical conditions. I agree to tell the therapist about any changes in my health before future sessions, and to speak up during a session about pressure, discomfort, or anything I'd like changed. My health information is kept confidential and is shared with another provider only with my separate written consent — except as required by law (for example, a court order or a mandatory report) or as needed to respond to a claim I bring. I may ask for a copy of my records at any time; the practice keeps intake and consent records securely for as long as law and professional-liability requirements make necessary.

Client signature

_____

Date

_____

If the client is under 18

Parent / guardian signature

_____

Printed name

_____

Relationship to client

_____

How this fits with booking online. When you book through our booking calendar, you answer a *short safety screen* — roughly a dozen questions about anything that would change how we work with you that day. **This page is the full health history, and we complete it together at your first visit.** The screen is not a substitute for it: it exists to catch what cannot wait, not to replace the conversation. Bring nothing if you'd rather — we can fill this in together.

Note for the practice owner: this is general template language for demonstration only — remove this note only as part of attorney sign-off, never before. Have it reviewed by a qualified attorney or compliance professional to ensure it meets your state's consent, privacy, and scope-of-practice requirements. Completed forms contain health information — store them in a locked file or secure clinical system, not loose or in ordinary email.