

Client Intake Form

Victoria Soo dba Bodywork by Victoria

Personal Information

- Full Name: _____
- Date of Birth (MM/DD/YYYY): _____
- Phone Number: _____
- Email Address: _____
- Address: _____
- Emergency Contact Name: _____
- Emergency Contact Phone Number: _____

Privacy Notice: Your email will only be used for appointment communication and follow-up. It will never be sold or used for marketing.

Health History

1. Please check any current or past medical conditions:
☐ Heart Disease ☐ High Blood Pressure ☐ Diabetes ☐ Seizures ☐ Cancer ☐ Blood Clots
☐ Pacemaker or implanted device ☐ Metal Implants ☐ Skin Conditions ☐ Pregnancy ☐ Recent Surgery
☐ Other: _____
 2. Current medications and supplements: _____
 3. Allergies (including adhesives, latex, medications): _____
 4. Are you currently under the care of a physician?
☐ Yes ☐ No If yes, please specify condition: _____
 5. Primary reason for seeking treatment today: _____
 6. Surgical history (if any): _____
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Current Symptoms

- Location of pain/discomfort: _____
 - Duration of symptoms: _____
 - What makes symptoms better or worse? _____
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Goals & Preferences

- What are your goals for treatment? _____
 - Areas you do NOT want treated: _____
 - Preferred pressure for massage (if applicable): ☐ Light ☐ Medium ☐ Deep
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Therapy Interest & Consent

Please check all therapies that interest you or you have questions about:

☐ Massage Therapy ☐ Lifestream Generator ☐ Frequency Specific Microcurrent (FSM) ☐ Cupping Therapy
☐ IASTM ☐ Massage Therapy

I understand that my provider may use one or more of these therapies during my treatment as appropriate. I consent to receive any recommended therapies, even if I have not checked them above.

Initials: _____

Previous Experience

- Have you received any of these therapies before?
☐ Yes ☐ No If yes, please list: _____
 - Any adverse reactions or concerns? _____
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Acknowledgement, Consent & Release

By signing below, I acknowledge that:

- I have provided accurate and complete health information.
- I understand the nature, purpose, risks, and benefits of the therapies offered.
- I understand and accept that no specific results or cures are promised or guaranteed.
- I may refuse or discontinue any therapy at any time.
- I have received and agree to abide by the practice policies including cancellation, refund, and payment terms.
- I voluntarily consent to receive care and release Victoria Soo dba Bodywork by Victoria and staff from liability as described in the full consent and release documents.

Patient Name (Print): _____

Signature: _____

Date: _____

Please discuss any questions or concerns with your provider before signing.

How did you hear about Bodywork by Victoria? ☐ Google ☐ Yelp
☐ Referral from friend/family (please specify): _____
☐ Other: _____