

Massage Associates of the New River Valley

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Aquatic Bodywork - Client Intake Form

Name: _____ Telephone: () _____ Date of Birth: _____

Email Address (optional): _____

In case of emergency: _____ Telephone: () _____

General & Medical Information

Occupation: _____ Gender: Male Female

Yes No Have you ever experienced a aquatic bodywork session (watsu, waterdance etc.)? How recently? _____

If you answer "yes" to any of the following questions, please explain as clearly as possible below.

- | | |
|--|--|
| <input type="radio"/> Yes <input type="radio"/> No Do you have a cold or flu? | <input type="radio"/> Yes <input type="radio"/> No Do you know how to swim? |
| <input type="radio"/> Yes <input type="radio"/> No Are you susceptible to motion sickness? | <input type="radio"/> Yes <input type="radio"/> No Are you pregnant? |
| <input type="radio"/> Yes <input type="radio"/> No Are you susceptible to ear infections (do you need earplugs)? | <input type="radio"/> Yes <input type="radio"/> No Can you breathe through your nose? |
| <input type="radio"/> Yes <input type="radio"/> No Are you allergic to copper? | <input type="radio"/> Yes <input type="radio"/> No Are you taking any medications (see below)? |
| <input type="radio"/> Yes <input type="radio"/> No Have you had any recent surgeries? | <input type="radio"/> Yes <input type="radio"/> No Are you having trouble sleeping? |
| <input type="radio"/> Yes <input type="radio"/> No Do you have any replacement joints or joint problems? | <input type="radio"/> Yes <input type="radio"/> No Have you been in an accident or suffered injuries in the past 48 hours? |
| <input type="radio"/> Yes <input type="radio"/> No Do you have tension or soreness in a specific area? | |

Please specify: _____

Comments, expectations or concerns: _____

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, aquatic bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

I understand that the aquatic bodywork 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 practitioner so that the pressure and/or positions may be adjusted to my level of comfort. I further understand that massage or bodywork of any kind should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/body-work practitioners are not qualified to perform 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/bodywork 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 practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

Client Signature _____ Date _____

Practitioner Signature _____ Date _____

Consent to Treatment of Minor: By my signature below, I hereby authorize _____ to administer aquatic bodywork or somatic techniques to my child or dependent as they deem necessary.

Signature of Parent or Guardian _____ Date _____