

## BODYWORK CLIENT INTEREST AND INFORMATION FORM

Name:	Phone:
Address:	Email:

**Interest in bodywork treatment** (select one)

Relaxation / Custom

- ☐ Tao Touch / Relaxation Bodywork  
☐ Customized Touch / Relaxation Bodywork.

Therapeutic

- ☐ Thai Oil Touch / Therapeutic Bodywork  
☐ Sports Touch / Therapeutic Bodywork

*\*Customized touch/ bodywork: Describe how you would like your bodywork customized. All requests are respected and confidential, never judged. If I can fulfill a request, I will. If I can't, I'll be honest with you about 'why' I cannot do so.*

**Interest in service location:**      out-call location (within 5 miles)      in studio

*\*out-call location treatments are + \$25.00*

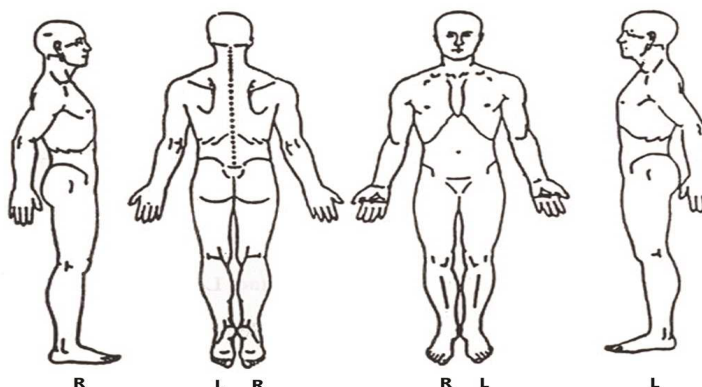
**Interest in bodywork duration** (select one)

- ☐ 45 minutes      ☐ 60 minutes      ☐ 90 minutes

**What days of the week are most convenient for bodywork?**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Flexible
Convenient Times							
Mornings		Afternoons		Evenings		Flexible / Impulse	

**Interest in extra attention to areas of the body** (circle areas needing additional work or desiring special attention or describe below. My Sol Touch is a no-shame, judgment-free space and service for men.) Describe:



**Are there any areas you do NOT want the body specialist to work on or touch?**



**Goals for bodywork** (e.g., rejuvenation, self-care, stress reduction, peace and tranquility, overcoming body issues, curiosity and exploration, physical contact, pain relief, emotional relief, etc.)?

**Interest in oil or massage cream.** Select one:      Oil                      Cream

**Interest in bodywork environment** (check all interests to optimize your massage experience)

Soft Music	No Music/Silence	Talking	No Talking/Silence
Candles	Soft Light	Scented Oils	Unscented Oils
Blanket/Warmer	Breathwork Reminders		

**Interest in draping:** body covering during bodywork treatment (select one)

No draping (naked)      Client draping (underwear/shorts)      Bodywork draping (towel/sheet/sarong)

**Interest in add-on services**

Hot stone treatment	Pre-treatment use of leg compression sleeves	Guided meditation	Life or business coaching
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*\*Rob, your bodyworker, is a certified personal life coach, a master certified professional coach, and a certified guided imagery meditation practitioner.*

**Other interests or special requests not listed above?** Please describe.

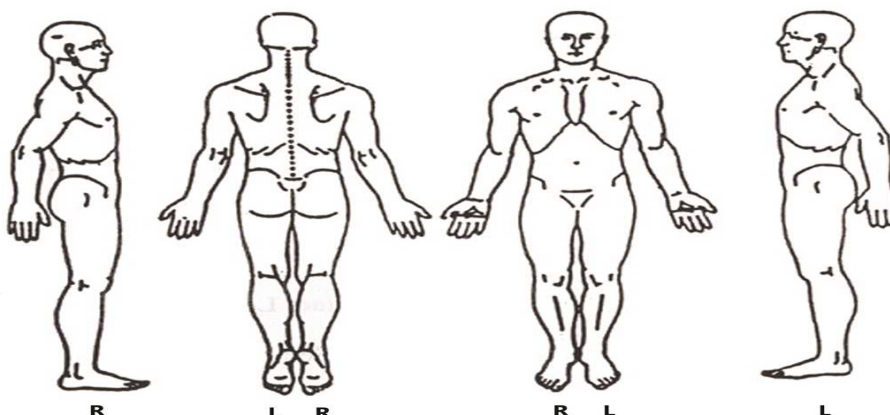
**Questions you have about bodywork, the bodywork professional, or the session itself?**

**Other things the bodyworker should know about** (e.g., past traumas or current levels of anxiety that may be triggered by bodywork)?

## Health information disclosure

Chief physical complaints.

- ☐ State NA if not applicable:
- ☐ Circle and describe areas of physical pain, other symptoms or areas to be avoided for personal reasons.



**Mandatory responses required.** Please indicate any CURRENT MEDICAL CONDITIONS OR ISSUES that apply to you. Each condition is an absolute contraindication for massage. Massage should not be offered if any of these conditions exist.

<input type="checkbox"/> Metastatic cancers	<input type="checkbox"/> Deep vein thrombosis	<input type="checkbox"/> Cardiovascular disease	<input type="checkbox"/> Fever (100.4)
<input type="checkbox"/> Contagious or infectious disease	<input type="checkbox"/> Hemorrhage	<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Psychosis
<input type="checkbox"/> Advanced organ failure	<input type="checkbox"/> Recent major surgery	<input type="checkbox"/> Recent surgery	<input type="checkbox"/> High blood pressure
<input type="checkbox"/> Blood clots	<input type="checkbox"/> Epilepsy or seizure disorders	<input type="checkbox"/> Shock	<input type="checkbox"/> Pregnancy
<input type="checkbox"/> Kidney or liver conditions	<input type="checkbox"/> Acute injury	<input type="checkbox"/> Stroke or heart attack	<input type="checkbox"/> Eclampsia
<input type="checkbox"/> Hernia	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Acute injury	<input type="checkbox"/> Acute inflammation
<input type="checkbox"/> Autoimmune flare ups (e.g., lupus, rheumatoid arthritis, scleroderma)	<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Recent vaccination (24-72 hours)	<input type="checkbox"/> Undiagnosed lumps or bumps

Are you experiencing any of the following CONDITIONS. These are relative contraindications for massage. Massage may still be offered, but the massage must be adjusted so as not to aggravate health issues.

<input type="checkbox"/> Edema	<input type="checkbox"/> Use of blood thinners	<input type="checkbox"/> Neuropathy	<input type="checkbox"/> Sprains or strains
<input type="checkbox"/> Recent broken bones	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Psoriasis or eczema	<input type="checkbox"/> Bell's palsy
<input type="checkbox"/> Open wounds	<input type="checkbox"/> Burns	<input type="checkbox"/> Recent scarring	<input type="checkbox"/> High blood pressure
<input type="checkbox"/> Acute joint inflammation	<input type="checkbox"/> Impaired immune system	<input type="checkbox"/> Severe trauma or severe anxiety	<input type="checkbox"/> Hypersensitivity to touch
<input type="checkbox"/> Headaches or migraines	<input type="checkbox"/> Medication side effects	<input type="checkbox"/> Influence of drugs or alcohol	<input type="checkbox"/> Use of antidepressants or mood altering drugs

Do you have any allergies or sensitivities?    Yes    No

*\*Some oils contain nut extracts.*

**Prescription drug use.** (Remember, My Sol Touch NEVER judges clients.)

- ☐ For health protection, it is highly recommended that clients do not use marijuana, alcohol, or poppers before a bodywork treatment. Bodywork treatments lower heart rates and open blood vessels. A client experiences a much higher chance of an unintended adverse effect if using drugs of choice before a massage.
- ☐ Are there prescription drugs currently being taken? Taking some prescription drugs is a contraindication for bodywork treatments. A bodyworker should be informed of a client's current medication regimen if any of the medications affect the heart, blood flow, or joints.

Please describe.

**What is your current level of pain?**

1 (low)    2    3 (moderate)    4    5 (high)

**What is your current level of sustained stress?**

1 (low)    2    3 (moderate)    4    5 (high)

**What is your occupation?**

*\*An occupation (e.g., construction, teaching, law enforcement, etc.) creates its own unique stress on the body (e.g., carpal tunnel, lower back strain, etc.). It is important for a bodywork professional to know a client's occupation so that special attention can be provided to relieve unique stress and strain.*



**Hygiene.** Please remember to shower or bathe before your body touch/massage session. Bathing cleanses the skin of debris, allowing oils and creams to glide and absorb more effectively. It also reduces body scents and relaxes the body.

Print name:

Signature:

Date:

Date of birth:

*(DOB is requested to ensure that bodywork treatments are offered to adults 18+ years, and so you receive a birthday offer)*

**This form must be completed before the first session.**

**This form applies to all new clients. Once we get to know each other, I will take all of this into consideration for follow-up massage appointments.**