



SPA SAMMI
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Client Intake Form

Please take a moment to fill out this form. The answers you provide will be kept confidential. They will be seen only by myself and are requested so that I may provide you with the best services possible.

Personal Information

Name _____

Referred by _____

Address _____

Email _____

Phone _____

Occupation _____

Emergency Contact _____

Physician(s)/phone(s) _____

Health History (Conditions)

Surgeries _____

Injuries _____

Illness-
Acute _____

Illness-
chronic _____

Medications (especially painkillers and blood
thinners) _____

Supplements _____

Current State of Health: Statement from Client

Physical _____

Emotional _____

Hobbies/Sports _____

Client Comments _____

I have been informed that:

1. This is not a medical treatment.
2. I may be required to receive a doctor's clearance for some bodywork treatments.
3. There should be some positive changes in my problems within 3 to 5 sessions, or following consultation, I will be referred for evaluation.
4. I have been briefed to assume responsibility for feedback and I will give full disclosure of relevant information that effects treatment.
5. It is my responsibility to stop any treatment that feels invasive or painful.

Client Signature/Date
