

ZEN SHIATSU INTAKE FORM

CONTACT INFORMATION	Today's Date _____
Name: _____	Date of Birth: _____
Address: _____	
City: _____	State: _____ Zip: _____
Primary Phone #: (h/w/c) _____	Secondary Phone #: (h/w/c) _____
Email: _____	Would you like to be on the mailing list? _____
Emergency Contact: _____	Relation to you: _____
Phone #: _____	

How did you hear about Zen Shiatsu?

Have you had Shiatsu or other types of bodywork before?

What are your goals for this session?

Do you have any current injuries or health conditions that I should be aware of (please see below)?
Please describe.

Do you have any history of injuries, surgeries, or health conditions that I should be aware of (please see below)? Please describe.

Please indicate if you are affected by any of the following conditions so that we can discuss the best way to proceed with shiatsu:

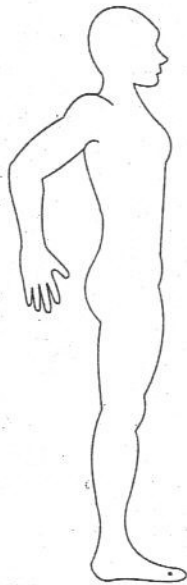
- Poor Circulation
- Osteoporosis
- Compromised Immune System
- High/Low Blood Pressure
- Early Pregnancy

Please take a moment to indicate on the reverse side any current places of discomfort or pain.

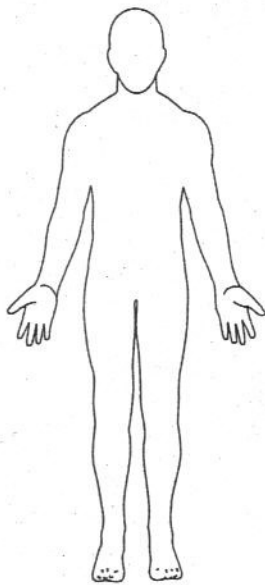
MAP OF PHYSICAL CONDITION

Please identify current problem areas in your body by drawing the appropriate symbols on the diagrams below.

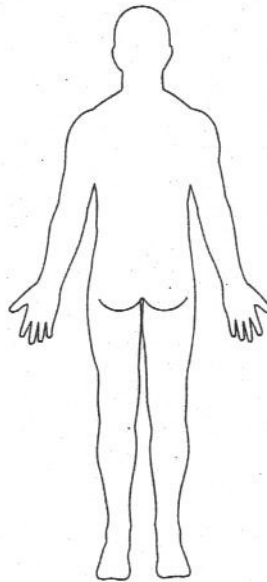
Key	○	Circle areas where pain exists
	⊙	Circle areas with small dots where extreme pain exists
	×	Put an "X" over stiff areas
	⋈	Draw squiggly lines over areas of numbness or tingling
	⦚	Mark scars, bruises or wounds



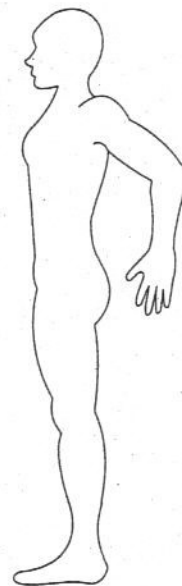
Right



Front



Back



Left