



Reston YMCA (Non-Members Welcome at No Additional Cost)
12196 Sunset Hills Road, Reston, VA 20190
703-801-2429

Personal Data and Health Form – Initial Client Intake Form

Name _____ Date of birth _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Occupation(s) _____ Referred by: _____

Email address _____

Today's primary concern/goal? _____

Have you ever had a professional massage? Yes _____ No _____ If so, how often? _____

Do you:

Experience headaches?	Yes _____	No _____
Experience fatigue:	Yes _____	No _____
Have trouble sleeping?	Yes _____	No _____
Consume excessive amounts of caffeine?	Yes _____	No _____
Have low back pain?	Yes _____	No _____
Sit for long periods of time?	Yes _____	No _____
Have mental or physical stress?	Yes _____	No _____
Have chronic pain?	Yes _____	No _____
Workout regularly?	Yes _____	No _____

Is there a particular area on your body where you tend to hold tension? If yes, explain:

I have read the above information and discussed it with my practitioner. I understand that this work does not constitute medical treatment. It is a form of health and wellness maintenance utilizing the techniques of traditional Swedish massage. I have stated all medical conditions that I am aware of and will inform my practitioner of any changes in my health status. All information above will be treated confidentially.

Please note we require a 24-hour cancellation notice. Clients will be charged for missed appointments and cancellations less than 24-hours before scheduled appointment.

Signature _____ Date _____

Print name _____