

Client Intake form

Name _____ Phone _____ Age _____
Address _____ State _____ Zip _____
Email _____
Referred by: _____
Have you had massage or Watsu before? How often? _____

Do you have any of the following?

Open wounds, rashes, skin infections? _____ Seizures, Diabetes, _____
Heart conditions _____ respiratory condition _____
High or low blood pressure _____
Any infectious disease _____ loss of sensation _____
Dizziness or susceptibility to motion sickness _____
Fear of water _____
Any body image issues _____

Do you have a medical condition? Please describe, _____

Medications? _____

Do you have pain? _____ if so, please tell me where the pain is located,

Do you have limited range of motion? _____ If so where, _____

Do you have any part of your body that is sensitive to touch or stretching?

Watsu has a nurturing close quality to this modality. Are you all right with intimacy? Do you need more information regarding Watsu before starting the session?

Do you have any expectations for this session?

Please let me know if there is anything I need to know before we start the session.

Client Signature _____ date _____