CURA Holistic Health and Massage Center

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Phone: (239) - 450 - 4325

FeelHealed.com

MA 28362



Confidential INTAKE Form

We promise not to over-email or misuse your info

| Name | | | |
|---|--------------------------------------|-----------------------------------|---------------------|
| Address | | | |
| City | State | Zip | |
| Phones: Home () | Mobile | () | |
| e-mail: | prefe | erred contact/confirmation method | d: □e-mail □ mobile |
| Date of birth | Sex: □M □ F Ma | arital status: | |
| Occupation: | | | |
| Emergency contact: | Relationship: | Phone | |
| Referred by: | | | |
| Please list any surgeries in the last 5 years _ | | | |
| Please list any medications currently using _ | | | |
| Are you taking any nutritional supplements | ? □Yes □ No If yes, please list: | | |
| List any allergies and reactions to these | | | |
| Activities/Exercise: □ Never □ Light □Mod | lerate □Heavy . Are you pregn | ant: □Yes □No Due dat | e: |
| Reason for appointment (Major complaint)_ | | | |
| Describe results from previous bodywork fo | r this condition if any | | |
| Is there anything that makes the condition | worse? | | |
| | | | |

Please continue on reverse side $\rightarrow \rightarrow \rightarrow$

Please "check mark" the following conditions that apply to you:

| | General: | Respiratory: | Skin: | Gastro intestinal: |
|--|--|---|---|---|
| DIZINESS VOMITING BLOOD BRUISE EASY CONSTIPATION FAINTING SPELLS EMPIRISHAA DEWINSS DARBIER SETURES BRONGITS FUNCIUS CROW'S DISEASE FATIGUE ASTHMA (WEEZING) ITCHING / BURN DIABETES PATIGUE ASTHMA (WEEZING) TICHING / BURN DIABETES PARASH HYPOGICKEMIA PROSECTION GRUING DUBLE VISION GRANDES VISION GRANDES CYSTS ULCERATIVE COLITIS BLUBRIED / DOUBLE VISION GRANDES MUSCIE / Joint: Cardiovascular: DIVERTICULIOSIS LOSS OF BALANCE FAIS RINGING / POPPING ARTHRITS HEART PROBLEMS CONTAGEOUS DISEASE BRACE PAIN LOW BLOOD PRESSURE CARCER (PANY TYPE) BRACE PAIN LOW BLOOD PRESSURE CARCER (PANY TYPE) BRACE PAIN COLD PRAINS COLD PRAINS COLD PRESSURE CARCER (PANY TYPE) SWOLEN JOINTS VARICOSE VEINS HYSTERECTOMY NUMBING LIMBS PHLEBITS KIDNEY IN SECTION HEART DE DISC BEEMA KIDNEY STONES BROKEN BONES STROKE KIDNEY STONES BROKEN BONES STROKE KIDNEY STONES BROKEN BONES STROKE KIDNEY FALUE SCALED AND ARAPIBLE DISC BEEMA KIDNEY STONES BROKEN BONES STROKE KIDNEY FALUE SCALED AND ARAPIBLEAT BEAT FAINFUL URINATION JOINT REPLACEMENT IRREGULAR HEART BEAT FOOTATE TROUBLE OTHER COTHER CONTROLLED FOR MEASURE therapy and give my consent for treatment. I have stated all medica conditions that I am aware of and will keep my practitioner informed of future changes. Therapist reserves the right to REFUSE or DISCONTINUE treatment according to contrandications, noncompliance with ethical codes, or sexual misconduct. Your appointments are very important to us. If you are not feeling will text/call us inclined that sometimes stoppointments to your appointments can be charged 100% of the service plus trave fee if cancelled 12 hours prior to House Appointment. I agree to the policies outlined above. | HEADACHES | SHORTNESS OF BREATH | OPEN WOUNDS | ABDOMINAL HERNIA |
| FAINTING SPELLS | INSOMNIA | CHRONIC COUGH | SKIN PROBLEMS | COLITIS |
| SFIZURES BRONCHITIS FUNGUS CROINTS DISEASE FATIGUE ASTHMA (WEEZING) TICHING / BURN DIABETES DEPRESSION SINUSTIS RASH PHYPOGLYCEMIA ENLARGED THYROID TUBERCULOSIS CYSTS ULCERATIVE COLITIS BRURRIED / DOUBLE VISION CRAMPS MUSCLE / Joint: Cardiovascular: DIVERTICULOSIS LOSS OF BALANCE EARS RINGING / POPPING ARTHRITIS HEAD OF PRESSURE CONTAGED DISEASE BURSTIS HIGH BLOOD PRESSURE CONTAGED DISEASE BURSTIS HIGH BLOOD PRESSURE CONTAGED DISEASE BURSTIS HIGH BLOOD PRESSURE CANCER (ANY TYPE BACK PAIN LOW BLOOD PRESSURE CANCER (ANY TYPE BACK PAIN LOW BLOOD PRESSURE COLD FEET SYSTERCTORY NUMBING LIMBS PHILDITIS WYSTERCTORY NUMBING LIMBS PHILDITIS WORDEY INFECTION HERIVITED DISC BEDEMA KIDNEY FAILURE SCIATICA PAIN ANGIONE VEINS WIDNEY FAILURE SCIATICA PAIN ANGIONE NEPHRITIS ROTATOR CUFF PAIN ANGIONE NEPHRITIS ROTATOR CUFF PAIN MAPPO HEART BEAT PAINFUL URINATION JOINT REPLACEMENT HERE CO. N. G. HEART FAILURE OTHER CONTAGEDICAL UNderstand the benefits and risks of massage therapy and give my consent for treatment. I have stated all medica conditions that I am aware of and will keep my practitioner informed of future changes. Therapist reserves the right to REFUSE or DISCONTINUE treatment according to contraindications, noncompliance with ethical codes, or sexual misconduct. Your appointments are very important to us. If you are not feeling will result in a 100% service list fee a read will keep my practitioner informed of future changes. Therapist reserves the right to REFUSE or DISCONTINUE treatment according to contraindications, noncompliance with ethical codes, or sexual misconduct. Your appointments are very important to us. If you are not feeling will the proportion to treatment being provided in landicated for an appointment is received appointments are very important to us. If you are not feeling the proportion to treatment being provided in landicated for an appointment is received appointments are very important to us. If you are not feeling the proportion to treatment being provided in landic | DIZZINESS | VOMITING BLOOD | BRUISE EASY | CONSTIPATION |
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| NEPHRITIS | KIDNEY STONES | BROKEN BONES | STROKE | |
| PROSTATE TROUBLE OTHER C. N. G. HEART FAILURE Other (Please explain) Please take a moment to carefully read this information: If you have a specific medical condition or symptoms, massage may be CONTRAINDICATED. Referral from your primary care provider may be requested prior to treatment being provided. I understand the benefits and risks of massage therapy and give my consent for treatment. I have stated all medical conditions that I am aware of and will keep my practitioner informed of future changes. Therapist reserves the right to REFUSE or DISCONTINUE treatment according to contraindications, noncompliance with ethical codes, or sexual misconduct. Your appointments are very important to us. If you are not feeling well text/call us immediately. Time allocated for an appointment is reserved especially for you. We understand that sometimes schedule adjustments are necessary. We respectfully request at least 24 hour notice for adjustments to your appointments and for cancellations. Notification given less than 24 hour prior to appointment time will result in a 100% service list fee. In addition, House call appointments can be charged 100% of the service plus trave fee if cancelled 12hours prior to House Appointment. I agree to the policies outlined above. | KIDNEY FAILURE | SCIATICA PAIN | ANGINA | |
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