

**South Bay Bodywork**  
Client Intake Form

Neil Camero, CMT #576 is insured and certified by  
***Associated Bodywork & Massage Professionals***

Name \_\_\_\_\_ Phone # ( \_\_\_\_ ) \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone # ( \_\_\_\_ ) \_\_\_\_\_

Referred by \_\_\_\_\_ ( Internet / Business Card / Friend / Other )

Have you had a professional massage or bodywork? Y N How recently? \_\_\_\_\_

Occupation \_\_\_\_\_

Sports / Physical Activities \_\_\_\_\_

Have you had any recent illness, injuries, or surgeries? Y N How recently? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Describe any pain, or limitation \_\_\_\_\_

How did this injury or pain occur? \_\_\_\_\_

When did you first notice it? \_\_\_\_\_

What treatments followed and/or whom else have you consulted? \_\_\_\_\_

Do you have any medical conditions? Y N \_\_\_\_\_

Are you currently taking any medications? Y N \_\_\_\_\_

I understand the massage/bodywork session should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal adjustments, diagnose, prescribe, or treat any physical or mental illness. Massage/bodywork should not be performed under certain medical conditions, and I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

Signature \_\_\_\_\_ Date \_\_\_\_\_