S B
H I

STRUCTURAL BODYWORK HAWAI'I Client Intake Form

Name: ______________________________ **Date:** ____________________
Phone: ______________________________ **Weight:** ____________________
Email: ______________________________ **Height:** ____________________
May I call, text, or email you for appointment confirmations?__________________________ **Birthdate**: ____________________

Do you have or have you ever had any of the following conditions? Circle YES (Y) or NO (N).

#	Condition		#	Condition	
1	Heart Condition	Y N	11	Respiratory Problems	Y N
2	High/Low Blood Pressure	Y N	12	Eliminatory Problems	Y N
3	Hemophilia	Y N	13	Circulatory Problems	Y N
4	Diabetes	Y N	14	Digestive Problems	Y N
5	Cancer	Y N	15	Contact Lenses	Y N
6	Convulsions	Y N	16	Dentures/Removable Bridge	Y N
7	Thyroid Problems	Y N	17	Orthodonture (Braces)	Y N
8	Osteoporosis	Y N	18	Other	
9	Arthritis	Y N			
10	Phlebitis	Y N			

If you answered YES to any of the conditions above, describe in the side margins if appropriate.

19 Are you currently under the care of a medical physician, chiropractor, naturopath, acupuncturist or other therapist? If yes, for what condition(s)?

What prescription medication have you taken in the past 6 months?

20 Please list any past injuries, accidents, or surgeries below.

Dates	Area(s) Affected	Treatments

21 Do you have any areas of chronic physical discomfort? If yes, please describe.

22 What are your current exercise habits and what activities occupy most of your average day?

23 What is your previous bodywork experience?
Have you ever received Structural Bodywork before?

24 What would you like to gain from the experience of this work?

25 How did you learn about Structural Bodywork and SBHI?

26 Females: Are you pregnant or trying to become pregnant?
Do you have any children? How many? Have you had any births by cesarean?

I certify that the above information is true and accurate to the best of my knowledge. I understand that it is my responsibility to inform the practitioner of any changes to this information.

Signature & Date____

Signature of parent/guardian (if under 18yrs of age) & Date______________________________

Emergency Contact:______________________________**Phone:**______________________