Juniper
Spa & Yoga Studio

Client Intake Form

Name: _____

Address: _____ City_____ State____ Zip_____

Phone: _____ Email_____

Date of birth: _____ Are you 18 or Younger? Yes or No

Occupation: _____ Emergency contact: _____

How did you find out about us? Name of person / website / other:

_____

Any particular reason for your visit today? _____

Do you have any difficulty laying on your back/stomach/side? (Please circle all that apply)

Do you stretch or exercise regularly? If yes how often:

_____

Do you often feel faint or have spells of severe dizziness? If yes please explain:

_____

Are you currently under a Physician or Dermatologist care? If yes please explain:

_____

List all allergies:

_____

_____

Please check all that applies to you:

__ Open sores or wounds
__Rash/Skin Condition
__Adverse reaction to skin care treatment
__Adverse reaction to cosmetic products/ingredients
__RetinA
__Accutane
__AHA's
__High blood pressure
__Low blood pressure
__Heart condition
__Deep vein thrombosis/blood clot
__Headaches/ migraines
__Recent accident/injury/surgery
__Fibromyalgia
__Lupus Erythematosus
__Multiple sclerosis
__Cancer
__Diabetes/Insulin
__Auto-Immune Illness
__Thyroid condition
__Neurological condition
__Asthma
__Emphysema
__Lung/breathing condition
__Glaucoma
__Digestive condition
__Eating disorder
__Menopause
__Pregnancy/lactating
__Osteoporosis
__Carpal tunnel syndrome
__Scoliosis
__Bulging or herniated disc
__Degenerative disc
__Arthritis
__Fused vertebrae
__TMJ
__Muscle spasms or cramps
__Hernia

If you checked yes to any of these please explain:

_____
_____
_____

Is there anything else in your health history that might be helpful in planning a safe and effective treatment?

_____
_____
_____