LAGOM
BODY THERAPY
Massage • Cranio Sacral Therapy • Foot Zoning

Health & Wellness Intake

Please complete this form before your first appointment. Your information is kept confidential.

1. Client Information

Full name

Preferred name

Phone

Email

Date of birth

Emergency contact

2. Reason for Visit

What brings you in today?

What would you like to get from your treatment?

Preferred pressure

- [ ] Light
- [ ] Medium
- [ ] Deep
- [ ] Varies by area

3. Areas of Concern

Please describe any pain, tension, numbness, or discomfort and where you feel it.

Pain / discomfort level today
0 = none • 10 = severe

What makes it better or worse?

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Health History

Please check anything that currently applies to you.

4. Health History

- [ ] Heart / circulation condition
- [ ] High or low blood pressure
- [ ] Diabetes
- [ ] History of blood clot / thrombosis
- [ ] Osteoporosis / fragile bones
- [ ] Arthritis or joint condition
- [ ] Recent injury or accident
- [ ] Recent surgery / procedure
- [ ] Neurological condition
- [ ] Skin condition / open wound
- [ ] Current infection / contagious illness
- [ ] Cancer / cancer treatment
- [ ] Pregnant or possibly pregnant
- [ ] Other condition you feel is important

If you checked anything above, please provide details, including relevant dates:

5. Medications, Allergies & Sensitivities

Current medications or supplements

Allergies or sensitivities (products, oils, scents, latex, etc.)

Anything else your therapist should know to keep your treatment safe and comfortable?

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Treatment Preferences

Your comfort, boundaries, and preferences are important.

6. Previous Treatment & Lifestyle

Have you received massage/bodywork before?

☐ Yes ☐ No

If yes, what types of treatment have been helpful or unhelpful?

Activities, work, or movement patterns that may affect your body

Sleep, stress, or other factors you would like considered during treatment

7. Treatment Preferences

Areas you would like prioritized

Areas you prefer not to have treated

Other preferences, boundaries, or comfort requests

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Consent & Practitioner Notes

Please review the consent statements before signing.

8. Consent

- [ ] I understand bodywork is intended for wellness and does not replace medical care.
- [ ] I have provided accurate information and will inform my therapist of relevant changes.
- [ ] I understand I can ask questions, request changes, or stop treatment at any time.
- [ ] I understand my intake and treatment information will be kept confidential and used for care purposes.
- [ ] I understand Lagom Body Therapy is not an RMT practice and services are not billed through extended health insurance.

I agree and consent to receive wellness bodywork from Lagom Body Therapy.

Client name / electronic signature

Date

Practitioner / Personal Notes

Date / session

Treatment / session

Notes / observations

Treatment provided / client response / follow-up