



# Integrated Movement & Massage Solutions

## Client Intake and Health History Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status:  Single  Married Email Address: \_\_\_\_\_

Preferred Appointment Day and Time: \_\_\_\_\_

**Complete for Insurance Submission Only**

Primary Health Care Provider: \_\_\_\_\_

Group No.: \_\_\_\_\_ Id: \_\_\_\_\_

Provider's Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_

**Permission to Submit to Primary Provider?**  Yes  No (Initial if yes, \_\_\_\_\_)

Emergency Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Please Read: 24 Hour Cancellation Notice Policy**

Please note that we have a **24hour notice of cancellation policy**. As a courtesy to me as well as to other clients who may be able to receive a massage in your place; please call **860.796.3433** 24 hours in advance of your scheduled appointment if you need to cancel.

An occasional emergency situation is understandable; please call me as soon as you are aware that you will not be able to keep your appointment. You may also send me a note via my website: malaikasharpmassagetherapy.com.

Please Initial: \_\_\_\_\_

Turn page over to complete your Health History information.