

## Yamuna Body Rolling & Massage Therapy Intake Form

Jenni Jo LLC | [hello@jennijo.com](mailto:hello@jennijo.com) | 503.453.6262 | WI #5062 - OR #10533 | NCBTMB AP #451633-11

Name: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_ Occupation \_\_\_\_\_

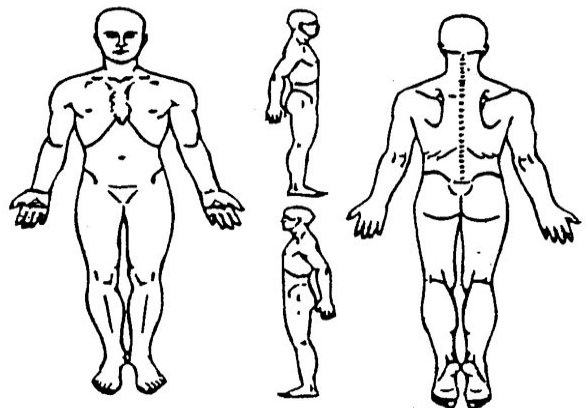
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Initial Visit \_\_\_\_\_

1. Have you had a professional massage/YBR session before? Yes No  
If yes, how often to you receive treatment? \_\_\_\_\_
2. Do you have any difficulty lying on your front, back or side? Yes No  
If yes, please explain \_\_\_\_\_
3. Do you have any allergies to oils, lotions or ointments? Yes No  
If yes, please explain \_\_\_\_\_
4. Do you have sensitive skin? Yes No Wearing contact lenses( ) dentures( ) hearing aid( )
6. Do you sit for long hours at a workstation, computer, or driving? Yes No  
If yes, please describe \_\_\_\_\_
7. Do you perform any repetitive movement in your work, sports, or hobby? Yes No  
if yes, please describe \_\_\_\_\_
8. Do you experience stress in your work, family or other aspects of your life? Yes No  
If yes, how do you think it has affected your health?  
Muscle tension ( ) anxiety ( ) insomnia ( ) irritability ( ) Other \_\_\_\_\_
9. Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort? Yes No  
If yes, please identify \_\_\_\_\_
10. Do you have particular goals in mind for this massage/YBR session? Yes No  
If yes, please explain \_\_\_\_\_

Please use the letters provided to identify

**P = pain or tenderness**  
**S = joint or muscle pain**  
**N = numbness or tingling**





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How frequently and for how long do you exercise and what do you do? Include sports, Pilates, yoga, gardening and/or other physical activities: \_\_\_\_\_

How many hours of sleep do you receive each night (approximately)? \_\_\_\_\_

What is your sleeping position? \_\_\_\_\_

Check one: Are you right-handed  or left-handed

What is your daily intake of: Water: \_\_\_\_\_ Caffeine: \_\_\_\_\_ Alcohol: \_\_\_\_\_

Please check any of the following that apply to you - in the PAST (P) OR CURRENTLY (X) :

Condition/Complaint	Past	Present	Condition/Complaint	Past	Present
Headaches Type:			Pins and Needles in arms, legs Hands or feet		
Asthma			Neurological problems		
Cold Hands/feet			Spinal Problems		
Swollen ankles			Herniated/Bulging Discs		
Sinus Conditions			Osteoarthritis		
Frequent Colds			Arthritis		
Allergies (specify above)			Anxiety		
Loss of smell/taste			Depression/Panic		
Skin Conditions			Sleep Disturbance		
Painful/Swollen Joints			Loss of Memory		
Auto-immune disorder			Whiplash		
Cancer			Bruise Easily		
Varicose Veins			Constipation/Diarrhea		
Blood Clots/DVT			Contact Lenses		
Heart Problems			Dentures/Partials		
Pacemaker			Hemorrhoids		
High/Low BP			Artificial/Missing limbs		
Diabetes			Muscular Tension		
Epilepsy or Seizures			Sciatica		
Fainting Spells					

Further explanation of any condition or other information: \_\_\_\_\_

- I understand the treatment here is not a replacement for medical care.
- As such, the therapist does not prescribe medical treatment of pharmaceuticals.
- Sexual advances, verbal & non-verbal, will not be tolerated & will result in the immediate termination of the session.
- I have stated all my known conditions and take it upon myself to keep the therapist updated on my health.
- I understand that payment is due at the time of treatment unless arrangements have been made otherwise.
- In the event that I become injured either directly or indirectly as a result, in whole or in part, of the aforesaid massage therapy/YBR bodywork I hereby hold harmless and indemnify the therapist, their principals and agents from all claims and liability whatsoever.
- I agree to give at least 24 hours notice of cancellation of appointment, otherwise will be expected to pay for session. PLEASE INITIAL \_\_\_\_\_

Client signature \_\_\_\_\_ Date \_\_\_\_\_



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### -Office Policies & What to Know About Your Session-

#### All Sessions Are by Appointment Only

#### Forms of Payment Accepted

Cash, Checks, Paypal, All Major Credit Cards

#### Gratuity Policy

Completely optional!

#### Cancellation Policy

I kindly request that if you need to cancel or reschedule your appointment, that you honor my 24-hour cancellation policy, as to avoid a missed appointment fee of \$35.00.

#### Travel to Client

Considered case by case. Payment is required in advance and travel fees apply.

#### Contraindications to Massage, Bodywork & Yamuna Body Rolling

Massage & bodywork may not be advised for certain medical conditions, such as fever, which indicates an infection. If a session is potentially harmful to a client's condition, the therapist has the right to decline to perform the session.

#### Insurance Claims

I do not handle insurance forms but do provide receipts.

#### What to Expect During Your Session

I create an environment that is soothing, relaxing and warm. Please let me know if the temperature, lighting, music or pressure isn't to your liking. Everything can be adjusted along the way to ensure that your session is just right! Each treatment is unique and customized to you specifically. **Massage Therapy:** Most massage sessions are performed with the client unclothed, however you are welcome to get undressed to the level of your comfort. Professional legal draping techniques are strictly adhered to, protecting your privacy & comfort. Each session is a combination of release, Swedish, deep tissue, lomi lomi, range of motion & intuitive stretching. **Yamuna Body Rolling:** please wear comfortable clothing, not too baggy as we will be rolling on balls and the less fabric, the better!

*The following sometimes occurs during massage; they are normal responses to relaxation.*

☺Need to move or change positions ☺Sighing, yawning, change in breath ☺Stomach gurgling ☺Emotional feelings and/or expressions ☺Movement of intestinal gas ☺Energy shifts ☺Falling asleep ☺Memories

Please initial, confirming that you have read the Policies for Jenni Jo.com \_\_\_\_\_