The Philosopher's Path

New Client Intake Form

Full Name _____ Date of Birth _____

Phone _____ Email _____

Emergency Contact Name _____ Emergency Contact Phone _____

Health History

Check any that apply:

- ☐ Pregnancy
- ☐ Blood clots or circulation issues
- ☐ Cancer, current or in treatment
- ☐ Diabetes
- ☐ Allergies (list below)
- ☐ Recent surgery (within 6 months)
- ☐ Skin conditions or open wounds
- ☐ Heart condition or high blood pressure
- ☐ Chronic pain condition
- ☐ None of the above

Allergies or medications to note _____

Areas of focus for this session _____

Pressure preference (light / medium / deep) _____

Consent

I understand that bodywork, breathwork, and coaching sessions are not a substitute for medical care. I confirm that the information above is accurate to the best of my knowledge, and I will inform my practitioner of any changes to my health before future sessions.

Signature _____ Date _____