

**Aquatic Bodywork - Client Intake form**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

In case of emergency: \_\_\_\_\_ Telephone: \_\_\_\_\_

**General & Medical Information**

Occupation: \_\_\_\_\_

Have you ever experienced an aquatic bodywork session (watsu, waterdance etc.)?  Yes  No  
How recently? \_\_\_\_\_

**If you answer "yes" to any of the following questions, please explain as clearly as possible below.**

- Yes  No Do you have a cold or flu?
- Yes  No Do you know how to swim?
- Yes  No Are you susceptible to motion sickness?
- Yes  No Have you ever experienced aquatic trauma (near drowning; aggressive water "horseplay")?
- Yes  No Are you pregnant?
- Yes  No Are you susceptible to ear infections?
- Yes  No Do you need earplugs?
- Yes  No Can you breathe through your nose?
- Yes  No Are you taking any medications (see below)?
- Yes  No Have you had any recent surgeries?
- Yes  No Are you having trouble sleeping?
- Yes  No Do you have any replacement joints or joint problems?
- Yes  No Have you been in an accident, or suffered injuries in the past 48 hours?
- Yes  No Do you have tension or soreness in a specific area?

Please specify: \_\_\_\_\_

\_\_\_\_\_

Comments, expectations or concerns: \_\_\_\_\_

**Please take a moment to carefully read the following information and sign where indicated.**

If you have a specific medical condition or specific symptoms, aquatic bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

I understand that the aquatic bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or positions may be adjusted to my level of comfort. I further understand that massage or bodywork of any kind should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/body-work practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Practitioner Signature \_\_\_\_\_ Date \_\_\_\_\_

**Consent to Treatment of Minors:**

By my signature below, I hereby authorize \_\_\_\_\_ to administer Aquatic bodywork or somatic techniques to my child or dependent as they deem necessary.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_