



Please fill out the following intake form as detailed as possible it will help to ensure safe and appropriate treatment. The following information is strictly confidential. The release of any information will only be granted with authorization from the pertaining client.

- Please note: Lotus Shiatsu's clinic practice enforces a *24 hour cancellation policy*. Full treatment price will be charged without exception either by extracting a treatment from a pre-paid package or by an additional charge.
- Out of respect for clients being treated after you, treatment time will not be extended beyond your scheduled time. Your punctuality is appreciated.

Name: \_\_\_\_\_ Today's Date \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ - \_\_\_\_\_

Occupation \_\_\_\_\_ Phone #'s- Cell:(\_\_\_\_) \_\_\_\_\_ Home:(\_\_\_\_) \_\_\_\_\_ Work:(\_\_\_\_) \_\_\_\_\_

Describe Condition(s) you would like focused On:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Medical conditions: \_\_\_\_\_

Previous Medical conditions- \_\_\_\_\_

Trauma/Accidents (please specify dates) \_\_\_\_\_

Surgery: (Please specify dates) \_\_\_\_\_

Medications/Vitamins/Herbs \_\_\_\_\_

### Please Current or Previous Conditions

#### General Health:

- Depression  Irritability  Anxiety  Diagnosed Mental Illness
- HIV/AIDS  Blood Thinning Meds  Fatigue  Epilepsy
- Hepatitis  Diabetes  Bleeding Disorders  Cancer  Night sweats
- Alcohol  Addiction Issues  Sleep- Trouble falling asleep  Trouble staying asleep  trouble waking in morning

Other/Details: \_\_\_\_\_

#### Musculoskeletal:

- Shoulder Pain  Back Pain  Pins & Needles  Osteoporosis  Repetitive strain/overuse
- Shoulder Tension  Back Tension  Numbness  Where: \_\_\_\_\_ Where: \_\_\_\_\_
- Neck Pain  ↑ Where on your Back? Ligament/ Tendon Injury  Swelling/Edema  Arthritis
- Upper back  Where: \_\_\_\_\_ Which areas: \_\_\_\_\_
- Neck Tension  Mid back  Herniated Disk  \_\_\_\_\_
- Hip problems  Low back  Injuries/Fractures  \_\_\_\_\_
- Leg/ foot /ankle problems  Arm/wrist/foot problems

Other/Details: \_\_\_\_\_

**Cardiovascular:**

- High Blood Pressure  Dizziness  Stroke  Cold Areas of Body: \_\_\_\_\_
- Low Blood Pressure  Blood Clots  Varicose Veins  \_\_\_\_\_
- Heart Attack  Irregular Heartbeat  Pace Maker  Other: \_\_\_\_\_
- Fainting  Palpitations  Chest Pain/Discomfort  \_\_\_\_\_
- \_\_\_\_\_

**Respiratory:**

- Smoker  Pneumonia  Asthma  Phlegm in Lungs  Shortness of Breath  Emphysema
- Environmental Allergies  Cough  Bronchitis
- Other/Details: \_\_\_\_\_

**Reproduction/Genito-Urinary:**

- How long does you \_\_\_\_\_ How often does you \_\_\_\_\_ Fibroids/Cysts/Endometiosis  PMS Symptoms
- Period last? \_\_\_\_\_ Period come? \_\_\_\_\_ Irregular Periods  Painful Periods
- Flow: Heavy  Moderate:  Light:  Menopause  Hormone Issues (replacement Diseases etc)
- Erectile Dysfunction  Ejaculatory Dysfunction  Prostate Problems  Urination Problems
- Kidney Stones
- Other/ Details: \_\_\_\_\_

**Digestion:**

- Diarrhea  Gas  Acid Reflux  Eating Disorder  Appetite: excessive  lack of
- Nausea/ Vomiting  Belching  Gallbladder/Liver probs.  Bloating  Constipation
- Tired after meals  Bad Breath  Dry Mouth at Night
- Other/Details: \_\_\_\_\_

**Skin:**

- Rashes  Eczema  Acne  Itchy  Dry Skin  Hives  Bleed/Bruise Easily  Herpes  Hair Loss
- Other/Details: \_\_\_\_\_

**Head, Eyes Nose and Throat:**

- Thyroid condition  Eye Problems  Sore throat  Concussion  Migraines  Headaches  where & when \_\_\_\_\_
- Enlarged Glands  Facial Pain  Jaw tension  Sinus Congestion  Hearing Loss  Ear Ringing  Ear aches
- Other/Details: \_\_\_\_\_

I have stated all my previous and current medical conditions and realize it is vital for proper treatment. I will keep my practioner updated on any changes in my health condition. I understand that I may stop the treatment at any time. I understand the benefits and risks of shiatsu, acupuncture, cupping and moxabustion therapy and am giving my informed consent to treatment. I understand and agree to adhere to the 24 hour cancellation policy.

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

