

Thai Bodywork Client Intake Questionnaire

- 1. Are you on any medications?**
- 2. What surgeries have you had?**
- 3. Do you have any history of heart problems/disease?**
- 4. Do you have Diabetes?**
- 5. Do you experience any autoimmune disease/symptoms?**
- 6. You do experience any dizziness/ vertigo?**
- 7. What are the repetitive motions and also positions you are in most of the time?**
- 8. What parts of your body are the most uncomfortable/in painful?**
- 9. What is your exercise/stretching regimen if you have one?**
- 10. Have you received Thai Bodywork or other forms of bodywork/massage before?**
- 11. What level of pressure do you prefer: Light, Medium, or Heavy?**
- 12. Are you pregnant or recently post-partum?**
- 13. Are there any other relevant information/preferences I should be aware of to make sure your experience is the best and most comfortable for you?**