

**Hamid Shibata Bennett, LMT, CAMT (OBMT #301)
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New Client Intake Form

Name: _____	Home tel: _____
Address: _____ _____	Cell: _____
_____	Birthdate: _____
_____	E-mail: _____
Your Occupation: _____	Emergency Contact: _____
Are you being treated for an auto accident? _____	Date of accident: _____
Insurance Co.: _____	Insurance Co. address: _____
Claim #:: _____	_____
Insurance adjuster: _____	Ins adjuster phone: _____
Attorney: _____	Attorney's phone: _____

• Are you currently under the care of a physician? If so, who is the physician? Why are you seeing them?

^a Do you have any long-standing condition, injury or illness? If so, please explain...

• Do you have any recent injury or illness? If so, please explain...

• Do you have any communicable or infectious disease? If so, please explain...

• Are you currently taking any medications or other substances? If so, please explain...

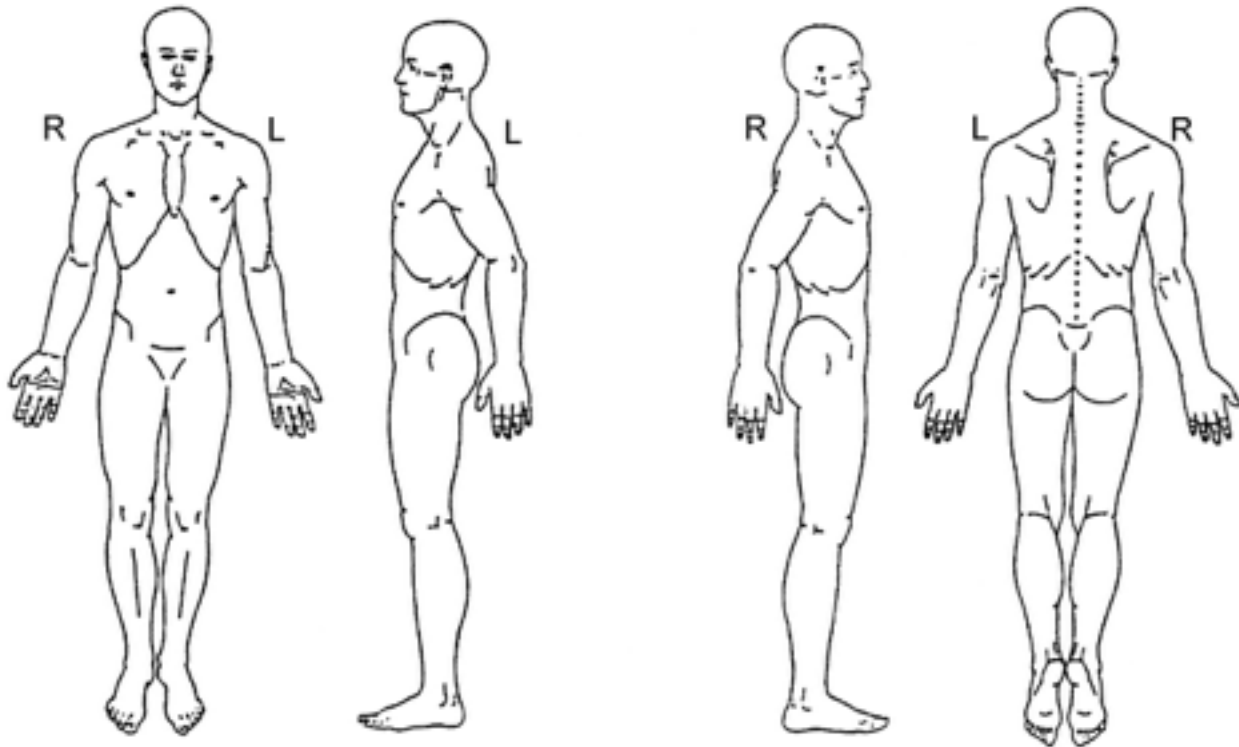
• If female, are you pregnant?

Almost there... more on the back! -->

New Client Intake Form

- What are the primary sources of stress in your life?
- Where in your body do you most notice the effects of stress? What symptoms do you notice?
- What do you do for exercise? If none, what physical activities do you regularly participate in? (hobbies, etc)
- What do you do to relax?
- How are you feeling today? (Comment on emotional and physical state please.)

Please indicate areas of discomfort or desired work by drawing on the diagram below:



I understand that massage therapy and bodywork is for therapeutic purposes only, promoting health and maintaining well-being and that a Licensed Massage Therapist may not diagnose injury or disease. Massage therapy should not take the place of a physician's care when necessary. Either you the client or the therapist may terminate the relationship should either be experiencing discomfort inappropriate to the situation, including but not limited to physical pain or sexual impropriety. I agree to abide by all office policies of Compassion Arts PDX, LLC and Hamid Shibata Bennett, LMT, CAMT, including the right to refuse service to anyone.

Client signature: _____ Date: _____

If under the age of 18, signature of parent or legal guardian: _____