

Watsu® Client Intake Form

(Please note, all client information is confidential)

Please fill in this form and bring it with you to your Watsu® session. If you have any questions or concerns prior to your session, feel free to call Jennifer on 06 835 6418, or 021 298 6740 to discuss these. Watsu® is very gentle and adaptable to individual needs, however, if you have concerns about the effect of massage or warm water on any existing health problems, you may want to talk these over with your doctor.

Suggestions for Before and After your Session:

- ❖ Your Watsu® session will involve your hair becoming wet and your ears being under the water most of the time. (Not your nose) Please talk to Jennifer before coming for your session if you wish to avoid either of these.
- ❖ What you need for your session: **Swimsuit and towel**. Earplugs optional.
- ❖ Arrive promptly. First time, a few minutes early.
- ❖ Please do not enter the pool with open wound or an infection, and ensure good hygiene (especially showering after toileting)
- ❖ Following the session be sure to drink adequate water and allow time for rest.

Date _____

Name _____

Address _____

Day Contact: _____ Eve: _____ or Mobile: _____

E-mail: _____

DOB: _____ Age: _____

Occupation: _____

How did you hear about Watsu? _____

Are you under the care of a physician/taking medication? _____

Do you currently OR have you in the past, experienced any of the following? (Write "C" for current and "P" for past):

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Neck or Back Problem | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> High or Low Blood Pressure | <input type="checkbox"/> Dizziness/Vertigo |
| <input type="checkbox"/> Nausea/Motion Sickness | <input type="checkbox"/> Asthma | <input type="checkbox"/> Circulation Problems/Clots | <input type="checkbox"/> Joint Problems |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Major Surgery | <input type="checkbox"/> Chlorine Sensitivity | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Open Wounds | <input type="checkbox"/> Emotional Issues/Conditions | <input type="checkbox"/> Broken Bones |
| <input type="checkbox"/> Infections | <input type="checkbox"/> Depression | | <input type="checkbox"/> Skin Conditions |
| <input type="checkbox"/> Contact Lens | <input type="checkbox"/> Ear Problems (infection/surgery) | | <input type="checkbox"/> Serious Accident |
| <input type="checkbox"/> Recent Injury | <input type="checkbox"/> Heart Disease | | |
| <input type="checkbox"/> Any other health conditions likely to affect/be affected by treatment in warm water? | | | |

Do you experience any of the following?

- Tension/Aches & Pains _____
- Restriction in Movement _____

Continued on next page

client name _____

Have you received bodywork, massage, or counseling in the past? _____

Do you have experience with other water therapy, breath therapy, or meditation? _____

Exercise/Interests: List any regular activities such as walking, sports, crafts, or hobbies. _____

How is your past experience with water? (Eg. Do you swim? Do you enjoy being in the water? Have you had any negative experiences involving water?)

Do you have any specific wishes or expectations from your Watsu session? _____

Other comments _____

Consent for Watsu®:

I understand that Jennifer makes no claim to diagnose, treat, or prescribe for specific physical or emotional conditions. While relief from symptoms of such conditions often occurs, these effects are coincidental with the relaxation, release, and balancing effects of Watsu®. I understand that these results vary from person to person and cannot be guaranteed. I also understand that it is important for Jennifer to be aware of my general health history, the record above is accurate, and I will update this in the event of changes.

Signed: _____ Dated: _____