h.e.

HAYDEN-ALI ERMILUS
Massage therapy & Rolfing
Membership No.: 22-9340

Intake form

Your details

Complete the fields on screen or print and write your answers.

First name(s)

Last name(s)

Date of birth (DD/MM/YYYY)

Address (number, street, city, postal code, apartment number)

Address of the appointment if different from the residential address

Cellphone number

Email address

☐ I would like to receive promotional emails.

Reasons for consultation

Job(s) or field of study

h.e.

Intake form

Your health

HAYDEN-ALI ERMILUS
Massage therapy & Rolfing
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Client name

Physical or mental health problems

Do you have any contagious diseases or infections?

Are you a smoker? ☐ Yes ☐ No

Allergies

Accidents (description and date)

Surgeries (description and date)

Precautions to take or areas to avoid

If pregnant, how many weeks?

Do you want a receipt for insurance? ☐ Yes ☐ No