

# ROOTED

Shiatsu Massage & Bodywork

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## New Client Intake

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about Rooted? \_\_\_\_\_

Would you like to receive occasional emails with scheduling updates, discounts, or educational resources?    Yes    No

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What brings you to Rooted? Do you have specific goals or concerns you would like to address?

\_\_\_\_\_

Have you received Shiatsu, massage, or bodywork before?    Yes    No

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General diet: \_\_\_\_\_

Exercise or movement habits: \_\_\_\_\_

Medications, herbs, vitamins, or supplements you take: \_\_\_\_\_

Do you consumer caffeine, cigarettes, alcohol, or drugs? If so, how much? \_\_\_\_\_

Occupation: \_\_\_\_\_

Hobbies/activities: \_\_\_\_\_

Typical areas of tension in the body: \_\_\_\_\_

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It is important that your bodywork practitioner knows if you are currently experiencing or have previously experienced any of the following medical conditions. Please check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> acute or chronic pain | <input type="checkbox"/> hypertension (high blood pressure)    |
| <input type="checkbox"/> blood clots           | <input type="checkbox"/> inflammation or redness around joints |
| <input type="checkbox"/> cancer                | <input type="checkbox"/> osteoporosis                          |
| <input type="checkbox"/> diabetes              | <input type="checkbox"/> red or irritated skin or open wound   |
| <input type="checkbox"/> epilepsy/seizures     | <input type="checkbox"/> varicose veins                        |
| <input type="checkbox"/> heart condition       | <input type="checkbox"/> implanted devices or prosthetics      |

Comments: \_\_\_\_\_

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Have you had any surgeries, broken bones or other serious injuries in the last 3 years?

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Bodywork can address a variety of issues. Are there any other complaints, irregularities, or conditions of which you would like your practitioner to be aware (allergies, respiratory conditions, digestive issues, sleep difficulties, low energy, anxiety, depression, etc)?

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Do you have a reason to believe you may be pregnant?      Yes      No

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All information provided, including health history and details shared during sessions, is strictly confidential. No information will be released to any third party (including family members or physicians) without your written consent, except as required by law.

I understand that bodywork is for the wellbeing of my body, mind, and spirit and is in no way a form of medical treatment. I have not been promised anything to submit to these procedures, or to sign this release form. No guarantees or warranties have been made to me as to the success, value, or benefit of such procedures.

I have answered all medical questions honestly and to the best of my knowledge

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**Client Signature (or parent/guardian if under 18)**

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## Cancellation Policy

Your appointment time is reserved especially for you. Because this time cannot be filled on short notice, the following cancellation policy is in place.

### **Appointment Confirmation**

As a courtesy, Rooted will confirm your appointment 48 hours in advance via email and/or text.

### **No-Show Policy**

If you miss your scheduled appointment without prior notice by phone, text, or through the booking app, a non-negotiable \$95 fee will be charged to the credit card on file.

### **Cancellations With Less Than 12 Hours' Notice**

First occurrence: You will receive a call or text reminder of this policy. No fee will be charged.

Subsequent occurrences: A non-negotiable \$55 fee will be charged to the credit card on file.

Cancellations must be made by phone, text, or through the booking app.

### **Acknowledgement**

I have read and understand the Rooted Cancellation Policy.

Client Name: \_\_\_\_\_

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