Bozeman Center for the Healing Arts

Client Intake Form

Date___________________

Name: ____Date of Birth:__________________

Address: ____

City:____________________________________State:_____________Zip:____________________

Home Phone:___________________Cell:_________________________Work:__________________

Email:____

Emergency Contact: ____

Emergency Contact Phone:____

Referred by:____

Occupation:____

Activities regularly pursued:____

____

____

Approximately how much time per day/week/month? _____________________________________

Stress reduction activities:____

Approximately how much time per day/week/month?______________________________________

____

Describe the condition for which you are seeking treatment:______________________________

____

____

How long have you had this condition?____

BCHA – Client Intake Form (cont.)

What is your level of pain today? (scale of 1-10; 10 being severe): ______________________

Is this condition getting worse? ◯ Yes ◯ No ◯ Constant ◯ Comes & goes

Is this condition interfering with your (mark all that apply): ◯ work ◯ sleep ◯ daily routine

*If so, please explain:*______________________

____

____

Have you had this or similar conditions in the past? ◯ Yes ◯ No

*If so, please explain:*______________________

____

____

What have you already done to treat this condition?______________________

____

____

Has prior treatment been helpful? ◯ Yes ◯ No

Are you currently under the care of a health care practitioner?

◯ Yes ◯ No

If so, please list name and location:______________________

Please list any medications, supplements or natural remedies/herbs you currently take:

____

____

____

If you have had any surgeries, accidents, injuries, serious illnesses, or hospitalizations, please list them and the date(s) and treatment(s):

____

____

____

Please list all allergies:______________________

____

Bozeman Center for the Healing Arts, Inc.
2050 Fairway Dr, #100 | Bozeman, MT 59715

BCHA – Client Intake Form (cont.)

Please select all that apply to you.

- [ ] Anxiety
- [ ] Arthritis
- [ ] Asthma
- [ ] Autoimmune Disorder ____________________
- [ ] Blood Clots
- [ ] Breathing Difficulties
- [ ] Bruise Easily
- [ ] Cancer
- [ ] Chronic Pain
- [ ] Depression
- [ ] Diabetes
- [ ] Digestion Problems
- [ ] Fatigue
- [ ] Heart Condition
- [ ] Headaches
- [ ] High/Low Blood Pressure
- [ ] Menstrual Problems
- [ ] Migraines
- [ ] Numbness/Tingling
- [ ] Open Cuts/Sores
- [ ] PMS
- [ ] Pregnant/Nursing
- [ ] Rashes
- [ ] Seizures
- [ ] Skin Disease
- [ ] Sleep Disorder

- [ ] Other ____

Client Agreements and Signature (Required)

Please initial ALL statements

_______ I understand that yoga and bodywork should not be construed as a substitute for medical treatment. Because yoga and bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and will keep the practitioner informed of any changes prior to any future sessions.

_______ I understand the benefits and risks of yoga and bodywork and give my consent for treatment. I will consult my practitioner with any questions or concerns immediately.

_______ I understand that Bozeman Center for the Healing Arts, Inc. does not bill insurance companies. Should I want to submit my therapy for insurance reimbursement, BCHA will issue an invoice that I will submit to insurance and have the insurance company reimburse me.

_______ I understand that payment is due in full at the time of treatment and BCHA accepts cash, checks, credit and debit cards.

_______ **I agree to provide 24-hour cancellation notice. If I fail to do so, I agree to pay the full appointment fee.**

____

Client/Guardian Signature Date