

**CURA Holistic Health and Massage Center**

**by TEO-SSAGE INC.**

2681 Airport Rd. South, Suite C110. Naples FL, 34112

**TEOFIL NIKOLOV BS LMT CKTP**

Phone: (239) - 450 - 4325

[www.FeelHealed.com](http://www.FeelHealed.com)

MA 28362 / MM 14526



**CLIENT INTAKE / CONFIDENTIAL**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phones: Home (\_\_\_\_) \_\_\_\_\_, Work (\_\_\_\_) \_\_\_\_\_, Mobile (\_\_\_\_) \_\_\_\_\_

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

E-mail: \_\_\_\_\_ \*May we send you monthly specials and updates:  Yes  No

Date of birth \_\_\_\_\_ Sex :  M  F Marital status: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Referred by: \_\_\_\_\_

Please list any surgeries in the last 5 years \_\_\_\_\_

Please list any medications currently using \_\_\_\_\_

Are you taking any nutritional supplements?  Yes  No If yes, please list: \_\_\_\_\_

List any allergies and reactions to these \_\_\_\_\_

Activities/Exercise:  Never  Light  Moderate  Heavy . Are you pregnant:  Yes  No Due date: \_\_\_\_\_

Reason for appointment (Major complaint) \_\_\_\_\_

Describe results from previous bodywork for this condition if any \_\_\_\_\_

Is there anything that makes the condition worse? \_\_\_\_\_

Please continue on reverse side ..... →→→

Please check the following conditions that apply to you:

**General:**

- HEADACHES
- INSOMNIA
- DIZZINESS
- FAINTING SPELLS
- SEIZURES
- FATIGUE
- DEPRESSION
- ENLARGED THYROID
- BLURRED / DOUBLE VISION
- CRAMPS
- LOSS OF BALANCE
- EARS RINGING / POPPING
- CONTAGIOUS DISEASE
- CANCER (ANY TYPE)

**Genito-Urinary:**

- KIDNEY INFECTION
- KIDNEY STONES
- KIDNEY FAILURE
- NEPHRITIS
- PAINFUL URINATION
- PROSTATE TROUBLE
- HYSTERECTOMY

**Respiratory:**

- SHORTNESS OF BREATH
- CHRONIC COUGH
- VOMITING BLOOD
- EMPHYSEMA
- BRONCHITIS
- ASTHMA (WEEZING)
- SINUSITIS
- TUBERCULOSIS

**Muscle / Joint:**

- ARTHRITIS
- BURSITIS
- BACK PAIN
- NECK PAIN
- SPRAINS
- SWOLEN JOINTS
- NUMBING LIMBS
- HERNIATED DISC
- BROKEN BONES
- SCIATICA PAIN
- ROTATOR CUFF PAIN
- JOINT REPLACEMENT
- OTHER \_\_\_\_\_

**Skin:**

- OPEN WOUNDS
- SKIN PROBLEMS
- BRUISE EASY
- DRYNESS
- FUNGUS
- ITCHING / BURNING
- RASH
- CYSTS

**Cardiovascular:**

- HEART PROBLEMS
- HIGH BLOOD PRESSURE
- LOW BLOOD PRESSURE
- COLD HANDS
- COLD FEET
- VARICOSE VEINS
- PHLEBITIS
- EDEMA
- STROKE
- ANGINA
- RAPID HEART BEAT
- IRREGULAR HEART BEAT
- C. N. G. HEART FAILURE

**Gastro intestinal:**

- ABDOMINAL HERNIA
- COLITIS
- CONSTIPATION
- DIARRHEA
- CROHN'S DISEASE
- DIABETES
- HYPOGLYCEMIA
- ULCERATIVE COLITIS
- DIVERTICULITIS
- DIVERTICULOSIS

**Other (Please explain)** \_\_\_\_\_

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**Please take a moment to carefully read this information:**

**If you have a specific medical condition or symptoms, massage may be CONTRAINDICATED. Referral from your primary care provider may be requested prior to service being provided. I understand the benefits and risks of massage and give my consent for treatment. I have stated all medical conditions that I am aware of and will keep my practitioner informed. We reserve our right to REFUSE or DISCONTINUE treatment according to contraindications, noncompliance with ethical codes, or sexual misconduct.**

**Date** \_\_\_\_\_ **Signature of Client/Patient** \_\_\_\_\_