



5207 Filbert Lane  
Bow, WA 98232  
360.766.8403



lizbart@wavecable.com  
www.soothingwaters.net

## Intake Form

To help you have a better Watsu session, please complete this form and bring it with you to your appointment.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

Profession: \_\_\_\_\_ Weight: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

During its season of operation, Soothing Waters sends monthly e-letters. May I add your e-mail address to this e-letter list? YES NO

How did you learn about Watsu? \_\_\_\_\_

What are your hopes and intentions for your session?

\_\_\_\_\_

Have you ever received Massage before? \_\_\_\_\_

When? \_\_\_\_\_ How often? \_\_\_\_\_

How is your relationship to water? Any Hobbies in water like swimming, diving, sailing?

Have you ever experienced any traumas in water, recent or past? \_\_\_\_\_

Do you have any health conditions, injuries or sensitivities? \_\_\_\_\_

Any tendency toward motion sickness, in cars, boats, etc? \_\_\_\_\_

Are you in the care of a doctor or therapist? \_\_\_\_\_

Do you take medications? Please list all: \_\_\_\_\_

Do any of your medications make you dizzy? \_\_\_\_\_

Are there any movements that should be avoided as a result of surgery or discomfort?

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

Watsu is a form of aquatic bodywork and makes no claim to treat medically diagnosed conditions for which one would see a physician. The information you provide on this form will be kept strictly confidential. Following the session be sure to drink adequate water and allow time for rest.