

WATSU® Intake form

Name _____ DATE _____ Do you have any:

Open wounds/rashes/skin conditions? _____ Where? _____

Infectious disease? _____ Ear problems? _____

Dizziness or motion sickness? _____ Chlorine sensitivity? _____

Neck or back problems? _____ Is your balance impaired? _____

Do you use assistive devices? _____ Wheelchair, cane, walker, hearing aid? _____

Is there any part of your body that is ticklish or sensitive to having pressure applied or being stretched? _____

Are you currently under the care of a medical practitioner? _____ For what? _____

Have you been told by them to limit activities? _____ Which ones? _____

Will you need assistance with dressing or getting into pool? _____

Are you comfortable in the water? _____ Can you swim? _____

Can continue on back if needed

Describe your relationship/history with water _____

Have you experienced any significant traumas that you wish to share? _____

Is there anything else you wish to share about yourself or needs?

I understand that an Aquatic Bodywork session may have profound effects, that when the body arrives at the level of relaxation possible in warm water and its normal tension patterns are released, there can be reactions that may cause momentary discomfort. I also understand that being held close while floating, can bring up issues about intimacy. I understand that receiving this session may have slight risks. I willingly accept the risk and hold no one else responsible for what may happen in a session. I understand that it is my responsibility to take care of myself after the session, and to seek out additional resources if necessary. I have read and agree.

Signature _____ Date _____