

### Massage Client Intake Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Preferred appointment confirmation method: (please check one)

Text Message  Email  Phone Call # \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Have you experienced massage therapy before? \_\_\_\_\_

Allergies: \_\_\_\_\_

Injuries/ Surgeries: \_\_\_\_\_

Chronic Pain (muscle, nerve, joint) location: \_\_\_\_\_

Pain, Numbness, Tingling -location: \_\_\_\_\_

Current Medications/ Supplements: \_\_\_\_\_

Do you currently have any of the following conditions? (check all that apply)

<input type="checkbox"/> Arthritis	<input type="checkbox"/> Carpal Tunnel Syndrome	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Neuropathy
<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> Blood Clots	<input type="checkbox"/> DVT	<input type="checkbox"/> Hypotension	<input type="checkbox"/> Sciatica
<input type="checkbox"/> Bruise Easily	<input type="checkbox"/> Fibromyalgia	<input type="checkbox"/> Lupus	<input type="checkbox"/> Sinus Issues
<input type="checkbox"/> Bursitis	<input type="checkbox"/> Headaches	<input type="checkbox"/> Lymphedema	<input type="checkbox"/> TMJ/ Jaw Pain
<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Migraines	<input type="checkbox"/> Varicose Veins

Other: \_\_\_\_\_

Are you currently pregnant? \_\_\_\_\_ Due Date: \_\_\_\_\_ (please fill out prenatal release form)

What type of pressure do you prefer?  Light  Medium  Deep

Are there any areas you are not comfortable having therapeutic massage on? \_\_\_\_\_

I, \_\_\_\_\_ have completed this health form to the best of my knowledge. I understand that Massage Therapy is given for the purposes of stress reduction, increased circulation and relief from muscular pain/tension. I understand that the Massage Therapist does not diagnose illness, disease or any other physical or mental conditions, nor does he/she prescribe medical treatment, pharmaceuticals or perform any spinal manipulation. It has been made clear to me that Massage Therapy is not a substitute for medical examination or medical care and that it is recommended that I am concurrently working with my primary care physician for any conditions I may have. If I am not able to make a scheduled appointment, I agree to cancel the appointment 12 hours in advance by text message, email or phone call, unless I have an emergency, in which case I will call ASAP to reschedule my appointment. If I miss a scheduled appointment without giving 12 hour notice, I agree to pay any missed appointment charge applicable. I have stated all my known physical conditions, medical conditions and medications and I will keep the Massage Therapist updated on any changes, understanding there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for full payment of the appointment. With this, I give consent for treatment.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_