

Client Intake Form – Massage

Personal Information:

Today's Date: _____

Name _____ Occupation _____

Address _____ City _____ State _____ Zip _____

E-mail _____ Date of Birth _____

Cell Phone _____ Home Phone _____ Work _____

Emergency Contact _____ Phone _____

To ensure a comfortable massage session, I encourage you to ask me any questions that you may have. Please answer the questions below to the best of your knowledge.

Have you ever experienced a professional massage before? Yes No

If yes, how recent was your last massage? _____ If yes, how often do you receive massage? _____

If yes, what type of massage if known: Swedish Deep Tissue Shiatsu Reiki Other _____

What are your massage goals? _____

What kind of pressure do you prefer? Light Medium Firm

Do you have any allergies? Yes No

If yes, please explain _____

Please rate your average stress level 1 – 10 (10 Highest) _____ Rate your stress level today _____

How do you think stress has affected your health? Muscle tension Anxiety Insomnia Other _____

Do you exercise regularly or participate in sports? Yes No

If yes, please describe activity and frequency _____

Do you drink WATER (including decaffeinated beverages other than soda)? Yes No

If yes, how much do you drink a day? _____

Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort? Yes No

If yes, please explain _____

Do you have any of the following today? Sunburn Headache Open Cuts/Bruises Irritated Skin Cold/Flu Pregnant (Due Date _____)

Have you ever been in a car accident? Yes No If yes, when _____ Did you incur injuries? Yes No

If yes, please describe _____

Do you still experience pain or discomfort from the injuries? Yes No

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Have you ever had surgery? Yes No

If yes, please describe _____

Are you currently under a doctor's care? Yes No

If yes, please explain _____

Do you see a chiropractor? Yes No

If yes, how often? _____

Are you taking any medication? Yes No

If yes, please list _____

Please check any condition listed below that applies to you:

high Blood Pressure

low Blood Pressure

circulatory Problems

varicose Veins

spider Veins

arthritis

recent fracture

recent surgery

deep vein thrombosis/blood clots

sinusitis

Cancer

Phlebitis

osteoporosis

diabetes Type _____

Fibromyalgia

TMJ

carpal tunnel syndrome

tennis elbow

headaches/migraines

fatigue

blood clots

joint disorder/rheumatoid arthritis/osteoarthritis/tenonitis

Epilepsy

Bruise easily

Please explain any condition that you have marked above _____

Is there anything else about your health history that you think would be useful for me to know to plan a safe and effective massage session for you? _____

I, _____ (print name) understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/ bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that 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 payment of the scheduled appointment.

Client Signature _____ Date _____

Practitioner Signature _____ Date _____