Client Intake Form - Therapeutic Massage

Personal Information:

Name _____ Phone _____ Email _____

Address _____ City/State/Zip _____

Today's Date _____ Date of Birth _____ Occupation

_____

Emergency Contact _____ Relationship _____ Phone _____

Would you like to be notified in case a last minute massage opens in the future for a discounted price? Y or N

Please answer the questions to the best of your knowledge.

1. Have you had a professional massage before? Yes No

   If yes, please explain _____

2. Do you have any difficulty lying on your front, back, or side? Yes No

   If yes, please explain _____

3. Do you have any allergies to oils, lotions, or ointments? Yes No

   If yes, please explain _____

4. Do you have sensitive skin? Yes No

5. Are you wearing contact lenses [ ] dentures [ ] hearing aid [ ] ?

6. Do you sit for long hours at a workspace, computer, or driving? Yes No

   If yes, please explain _____

7. Do you perform any repetitive movement in your work, sports, or hobbies? Yes No

   If yes, please explain _____

8. Do you experience stress in your work, family, or other aspect of your life? Yes No

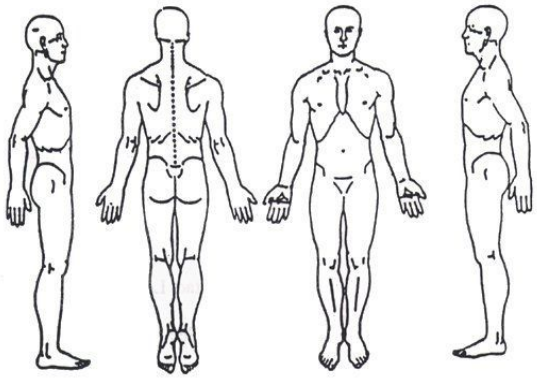
   If yes, please explain _____

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

   If yes, please explain _____

10. Do you have any particular goals in mind for this massage session? Yes No

Circle any specific areas you would like the massage therapist to concentrate on during the session



Medical History
In order to plan a massage session that is safe and effective,
I need some general information about your medical history.

If yes, please explain _____

11. Are you currently under medical supervision? Yes No

    If yes, please explain _____

12. Do you see a chiropractor? Yes No If yes, how often?_____

13. Are you currently taking any medications? Yes No

    If yes, please explain _____

14. Please check any condition listed below that applies to you:

[ ] contagious skin condition
[ ] open sores or wounds
[ ] easy bruising
[ ] recent accident or injury
[ ] recent fracture
[ ] recent surgery
[ ] artificial joint
[ ] sprains/strains
[ ] current fever
[ ] swollen glands
[ ] allergies/sensitivity
[ ] heart condition
[ ] high or low blood pressure
[ ] circulatory disorder
[ ] varicose veins
[ ] atherosclerosis
[ ] phlebitis
[ ] deep vein thrombosis/blood clots
[ ] joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis
[ ] osteoporosis
[ ] epilepsy
[ ] headaches/migraines
[ ] cancer
[ ] diabetes
[ ] decreased sensation
[ ] back/neck problems
[ ] fibromyalgia
[ ] tmj
[ ] carpal tunnel syndrome
[ ] tennis elbow
[ ] pregnancy If yes, how many months? _____

Please explain any condition that you have marked above _____
_____
_____

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

Draping will be used during the session - only the area being worked on will be uncovered.

I, _____ (print name) understand that the massage 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 therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage 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 that I am aware of. I understand that massage therapists 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 should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all the questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

Signature of Client _____ Date _____

Signature of Massage Therapist _____ Date _____