

Client Intake Form – Massage

Name: _____ DOB: _____
Address: _____ Occupation: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Other: _____
Emergency Contact: _____ Relationship: _____
Phone Home/Work/Cell: _____

Have you ever received a massage before? Yes or No How often? _____

Check any of the following that apply to your current health:

<input type="checkbox"/> pregnancy	<input type="checkbox"/> hear conditions	<input type="checkbox"/> circulatory conditions	<input type="checkbox"/> blood clots
<input type="checkbox"/> infections	<input type="checkbox"/> cancer	<input type="checkbox"/> difficulty breathing	<input type="checkbox"/> arthritis
<input type="checkbox"/> diabetes	<input type="checkbox"/> athletes foot	<input type="checkbox"/> headaches	<input type="checkbox"/> cold/flu
<input type="checkbox"/> stress	<input type="checkbox"/> neck pain	<input type="checkbox"/> back pain	<input type="checkbox"/> shoulder pain
<input type="checkbox"/> knee pain	<input type="checkbox"/> varicose veins	<input type="checkbox"/> allergies	<input type="checkbox"/> sinus pain
<input type="checkbox"/> other conditions: _____			

Please list any medications you are currently taking: _____

If today's visit is due to pain in a certain area please list where the pain is and rate it on a scale of 1-10, 10 being the worst: _____

Please list the following to the best of your knowledge:

Recent surgeries: _____ Date: _____
_____ Date: _____
Accidents: _____ Date: _____
Major illness: _____ Date: _____

CONSENT FOR CARE

It is my choice to receive massage therapy. I am aware of the benefits and risks of massage and give my consent for massage. I understand that there is no implied or stated guarantee of success of effectiveness of individual techniques or series of appointments. I acknowledge that massage therapy is not a substitute for medical care, medical examination, or diagnosis. I have stated all medical conditions that I am aware of and will inform my therapist of any changes in my health status.

Signature: _____ Date: _____