

MASSAGE INTAKE FORM

Name _____ MI _____

Street Address _____

City _____ State _____ Zip _____

Sex M F Birthday ____/____/____

Phone Numbers

Home ____-____-____ Cell ____-____-____

Work ____-____-____ May we call you at work? Y N

E-mail Address (For promotions/discounts) _____

Emergency Contact _____ Phone # ____-____-____

How did you learn of our services? _____

HISTORY

Have you ever received a professional massage? Y N If yes, frequency: _____

Date of last massage: _____

What results would you like to achieve from your massage session? _____

Please circle the areas of your body that you give your permission to massage.

Back Legs Feet Buttocks Arms Abdomen Chest (male only) Neck Head Face

HEALTH HISTORY

Are you currently under the care of a health care provider? Y N

If yes, please explain: _____

List stress reduction activities/exercise and frequency: _____

List medications, including OTC: _____

List surgeries and date: _____

List accidents and date: _____

Please check and describe all that apply to you.

MUSCULOSKELETAL

- bone or joint disease_____
- tendonitis_____
- bursitis_____
- broken/fractured bones_____
- osteoarthritis_____
- sprains/strains_____
- low back, hip, leg pain_____
- neck, shoulder, arm pain_____
- headaches/head injuries_____
- other_____

CIRCULATORY

- varicose veins_____
- blood clots_____
- high/low blood pressure_____
- heart disease_____
- stroke_____

LYMPH/IMMUNE

- edema_____
- Hodgkin's Disease_____
- AIDS/HIV_____
- chronic fatigue syndrome_____
- lupus_____
- other_____

RESPIRATORY

- breathing difficulty_____
- sinusitis_____
- allergies_____
- COPD_____
- other_____

SKIN

- allergies_____
- rashes_____
- athlete's foot_____
- warts_____
- poison ivy_____
- other_____

DIGESTIVE

- ulcers_____
- hepatitis_____
- diverticulitis_____
- irritable bowel syndrome_____
- Crohn's Disease_____
- other_____

NERVOUS

- herpes/shingles_____
- numbness/tingling_____
- chronic pain_____
- seizure condition_____
- multiple sclerosis_____
- other_____

REPRODUCTIVE

- pregnant, how far along?_____
- PMS_____
- other_____

OTHER

- kidney disease_____
- insomnia_____
- cancer/tumors_____
- diabetes_____
- depression_____
- other_____

Acknowledgement of Services

I understand the massage therapist will use their hands to perform neuromuscular massage for relaxation and/or therapeutic purposes. I further understand they will NOT diagnose any type of condition NOR will they provide condition specific medical treatment of any type including joint manipulation/mobilization. I have freely decided to undergo massage therapy and hereby give my full consent to receive therapy.

Client Signature

Date