

Client Intake Form

Name _____

Phone (Day) _____ (Cell) _____

Do you accept text messages? Yes ___ No ___

Email _____

Would you like to receive occasional special offers, updates and educational nuggets from my practice via my email newsletter? Yes ___ No ___

Date of Birth _____

Occupation _____

Referred by _____

Emergency Contact _____ Phone _____

The following information will be used to help plan a safe and effective session. Please answer the questions to the best of your knowledge.

Have you had a professional massage or other form of bodywork before? Yes ___ No ___ If yes, what kinds of bodywork do you receive and how often have you received sessions?

Do you have any allergies or sensitivities to oils, lotions, ointments, essential oils, fruits or nuts? Yes ___ No ___ If yes, please explain _____

Do you have sensitive skin? Yes ___ No ___

Do you have any difficulty lying on your front, back or side? Yes ___ No ___ If yes, please explain _____

Are you wearing ___ contact lenses, ___ dentures, ___ a hearing aid, ___ prosthetics?

Do you sit for long hours at a workstation, computer or driving? Yes ___ No ___ If yes, please describe _____

Do you perform any repetitive movement in your work, sports, hobbies? Yes ___ No ___ If yes, please describe _____

How do you experience stress from your work, family, or other aspects of your life affect your health? ___ muscle tension, ___ anxiety, ___ insomnia, ___ irritability, ___ other:

Are there specific areas of the body where you are experiencing tension, stiffness, pain, or discomfort? Yes ___ No ___ If yes, please explain

Are there any specific areas I should avoid today? Yes ___ No ___ If yes, please describe

Are there any specific areas you would like to concentrate on in your session today? Yes ___ No ___

If yes, please describe _____

Medical History

Do you currently have or have you ever had any of the following?

___ 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

___ contagious skin condition

___ open sores or wounds

___ tennis elbow

___ 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

easy bruising

recent accident or injury

pregnancy If currently pregnant, how many months along? _____

Are you currently under medical supervision? Yes No If yes, please explain

Do you see a chiropractor? Yes No If yes, how often and who do you see?

Are you currently taking any medications? Yes No If yes, please list

Is there anything else about your health history that you think would be useful to share to help me provide a safe and effective session for you?

I understand that the bodywork session I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during my 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 bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that body workers are not qualified to perform 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 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 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 _____