

Client Health Intake Form – Massage

Name: _____ Date of Birth: _____
Last First

Address: _____ Phone: (cell, home, work) _____
Circle one

City/State/Zip: _____ Phone: (cell, home, work) _____
Circle one

Email: _____ Occupation/Employer: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

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

If yes, how often do you receive massages? _____

2. What do you hope to achieve from today's massage? _____

3. Please circle the type of pressure you prefer for your massage:

light medium deep

4. Please circle any areas of your body where you prefer **NOT** to receive massage:

head face neck arms chest abdomen back buttocks legs feet other _____

5. Is there a particular area where you are experiencing tension, stiffness, pain, or other discomfort? Yes No

If yes, please identify: _____

6. Do you have any chronic (ongoing) pain? Yes No

If yes, please explain: _____

What activities cause the pain and/or make it worse? _____

7. Are you currently under the care of a healthcare practitioner? Yes No

If yes, please explain: _____

8. Are you currently taking any medications, herbs, or supplements? Yes No

If yes, please list: _____

9. Please describe your previous history (include year & treatment received):

Surgeries: _____

Hospitalizations: _____

Accidents: _____

10. Please check any of the following conditions listed below affecting your health, past or present:

Musculoskeletal

- Arm/Neck/Shoulder Pain
- Arthritis
- Bursitis
- Carpal Tunnel Syndrome
- Fibromyalgia
- Gout
- Headaches/Migraines
- Hip/Leg Pain
- Low Back Pain
- Lupus
- Mid Back Pain
- Osteoporosis
- Sciatica
- Spasms/Cramps
- Sprains/Strains
- Tendonitis
- TMJ
- Other: _____

Respiratory

- Asthma/Trouble Breathing
- Pneumonia
- Sinus Problems
- Other: _____

Circulatory

- Anemia
- Blood Clots/Phlebitis
- Heart Condition
- Hemophilia
- High/Low Blood Pressure
- Varicose Veins
- Other: _____

Digestive

- Constipation
- Diarrhea
- Gallstones
- Gas/Bloating
- Indigestion/Acid Reflux
- Irritable Bowel Syndrome
- Ulcers
- Other: _____

Skin

- Acne
- Athletes Foot
- Dermatitis/Eczema
- Fungal Infection
- Impetigo
- Open Wound/Sore
- Psoriasis
- Rashes
- Warts
- Other: _____

Nervous System

- ALS
- Multiple Sclerosis
- Numbness/Tingling/Twitching
- Parkinson's
- Pinched Nerve
- Seizure Disorder
- Spinal Cord Injury
- Stroke
- Other: _____

Other

- Anxiety/Stress/Panic Attacks
- Bladder/Kidney Ailment
- Cancer/Tumors
- Depression
- Diabetes
- Dizziness
- Edema
- Grieving
- Herpes/Shingles
- HIV/AIDS
- Inflammation/Swelling
- Insomnia/Chronic Fatigue
- PMS
- Post-Operative Situation
- Pregnancy; Trimester: _____
- Substance Abuse
- Other: _____

11. Do you have any ALLERGIES? Yes No

If yes, please list: _____

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

I, _____, acknowledge that this medical information is accurate and true to the best of my knowledge. If I experience any pain or discomfort during the massage, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I agree to communicate with my therapist any time I feel like my well-being is compromised. I understand that massage therapy is not a substitute for medical examination, diagnosis, or treatment. I understand that a massage therapist cannot diagnose illness, disease, or any other medical, mental, or emotional disorder. Massage therapists are not qualified to perform skeletal adjustments, prescribe, or treat any physical or mental illness. I take responsibility for alerting my therapist to any changes that occur with my health and understand that there shall be no liability on the therapist's part should I fail to do so.

Cancellation Policy

A 24-hour notice MUST BE GIVEN for all canceled appointments to avoid a charge. If less than 24 hours notice is given, the client will be responsible for half the cost of the massage. Clients who do not show up for their massage appointments and do not call before their scheduled massage start time will be responsible for the full price of the massage.

Please arrive ON TIME for the massage appointment. In the event that you arrive after your scheduled start time, the appointment's end time will remain the same. As a courtesy to the other clients, the massage therapists must adhere to the original agreed upon length of the massage. Continuing the massage past the scheduled end time is solely at the discretion of the massage therapist. The length of the scheduled massage appointment includes the massage itself, as well as the initial consultation and time for changing. Your first visit involves initial paperwork, which will be part of your appointment time if you do not arrive early.

I have read and understand the above information.

SIGNATURE: _____ DATE: _____