

Client Intake Form

Personal Information:

Name: _____

Phone (Day): _____

Phone (Eve): _____

Address: _____

City/State/Zip: _____

Email: _____

Date of Birth: _____

Occupation: _____

Emergency Contact Phone: _____

The following information will be used to help plan safe and effective
massage sessions.

Please answer the questions to the best of your knowledge.

Date of Initial Visit: _____

Have you had a professional massage before? Please right Yes or No If
yes, how often do you receive massage therapy?

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

Do you have any allergies to oils, lotions, or ointments? Yes No If
yes, please explain

Do you have sensitive skin? Yes No

Are you wearing: contact lenses () dentures () a hearing aid () ?

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, or hobby?
Yes No If yes, please describe

Do you experience stress in your work, family, or other aspect of your life? Yes No If yes, how do you think it has affected your health?
muscle tension
 anxiety insomnia irritability other

Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort?
Yes No
If yes, please identify

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

If yes, please explain 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.

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

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

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

Please explain any condition listed below that applies to you:

- contagious skin condition
- phlebitis
- open sores or wounds
- deep vein thrombosis/blood clots
- easy bruising
- joint disorder/rheumatoid
- arthritis/osteoarthritis/tendonitis
- recent accident or injury
- osteoporosis
- recent fracture
- epilepsy
- recent surgery
- headaches/migraines
- artificial joint
- cancer
- sprains/strains
- diabetes

- current fever
- decreased sensation
- swollen glands
- back/neck problems
- allergies/sensitivity
- Fibromyalgia
- heart condition
- TMJ high or low blood pressure
- carpal tunnel syndrome
- circulatory disorder
- tennis elbow
- varicose veins
- pregnancy If yes, how many months?
- atherosclerosis

Please explain any condition that you have marked above

Is there anything else about your health history that you think would be useful for your massage practitioner 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. Clients under the age of 18 must be accompanied by a parent or legal guardian during the entire session. Informed written consent must be provided by parent or legal guardian for any client under the age of 18.

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 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:
