

# Therapeutic Massage Client Intake Form

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## Personal Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Who may I thank for your visit today?: \_\_\_\_\_

## Health Information:

Have you ever received massage before? Y\_\_\_N\_\_\_ If yes, when? \_\_\_\_\_

Are you currently under a physician's care for an acute or chronic illness/condition? Y\_\_\_N\_\_\_

If yes, please explain: \_\_\_\_\_

Do you receive chiropractic adjustments? Y\_\_\_N\_\_\_ If yes, how often? \_\_\_\_\_

Are you currently taking any prescription medication or dietary supplements? Y\_\_\_N\_\_\_

If yes, please list: \_\_\_\_\_

Do you have difficulty lying on your front, back, or side? Y\_\_\_N\_\_\_

If yes, please explain: \_\_\_\_\_

Do you sit or stand for long hours? Y\_\_\_N\_\_\_

If yes, please explain: \_\_\_\_\_

Do you perform any repetitive movement in your work, sports, or hobbies? Y\_\_\_N\_\_\_

If yes, please explain: \_\_\_\_\_

Do you experience stress from work, family or other aspects of your life? Y\_\_\_N\_\_\_

If yes, how do you think it affects your health?

Muscle tension\_\_\_ Anxiety\_\_\_ Insomnia\_\_\_ Irritability\_\_\_ Other\_\_\_\_\_

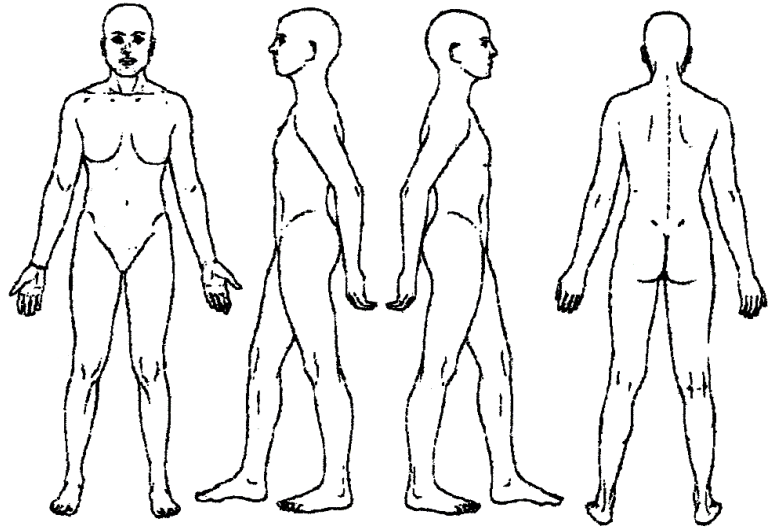
What are your goals for this session?: \_\_\_\_\_

Please list areas of tension, stiffness, pain or discomfort: \_\_\_\_\_

Please circle any specific areas you would like me to focus on during your session today:

What type of pressure do you prefer?:

\_\_\_\_\_



Please check any condition below that applies to you:

- Abdominal / digestive
- Allergies
- Anxiety
- Arthritis / tendonitis
- Artificial Joint
- Asthma or lung cond.
- Athletes foot
- Back / neck problems
- Blood clots / D.V.T.
- Cancer
- Carpal tunnel syndrome
- Chronic pain
- Circulatory / heart cond.
- Constipation / diarrhea
- Contagious skin cond.

- Depression
- Easily bruise
- Epilepsy
- Fatigue
- Fibromyalgia
- Headaches / migraines
- Hearing problems
- Heat / cold sensitivities
- Hernia
- High or low blood pressure
- Jaw / TMJ pain
- Joint disorder
- Muscle / joint pain
- Numbness / tingling
- Osteoporosis

- Pregnancy How many months?
- Rash / fungus
- Recent accident / injury
- Recent fracture
- Recent surgery
- Sensitive skin
- Sinus problems
- Sleep difficulties
- Spinal disorders
- Sprain / strain
- Tennis elbow
- Tension / stress
- Vision problems
- Varicose veins
- Other

Please elaborate on anything checked above that you feel needs to be further explained: \_\_\_\_\_

Is there anything else about your health history I should be made aware of to help 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 are required to have consent from their parent or legal guardian. 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 and that this information is true and accurate to the best of my knowledge. I will inform the massage therapist if anything changes in my health status and understand that there shall be no liability on the therapist's part should I fail to do so. I understand that the massage/bodywork I receive is for the purpose of stress reduction, relaxation, relief from muscular tension, spasm or pain, and to help increase circulation. If I experience any pain or discomfort during the session, I will immediately inform the massage therapist so that the pressure and/or methods can be adjusted to my comfort level. I further understand that the therapist does not diagnose illness or disease, prescribe, treat any physical or mental illness, nor perform any spinal manipulations, and that nothing said in the course of the session given should be construed as such. If I am unable to attend my scheduled appointment, I will give at least 24 hours notice if possible. Sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature will constitute sexual harassment and will not be tolerated. I understand that I am receiving massage therapy at my own risk. In the event that I become injured either directly or indirectly as a result, in whole or in part, of the aforementioned massage therapy I hereby hold harmless and indemnify the therapist, their principals, and agents from all claims and liability whatsoever.

Client or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_