



## Client Intake Form

### personal information

name: \_\_\_\_\_ date of birth: \_\_\_\_\_

address: \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

phone number: \_\_\_\_\_ occupation: \_\_\_\_\_

emergency contact name (relationship) and phone number: \_\_\_\_\_

### current health

Height and weight: \_\_\_\_\_

Do you exercise regularly and/or participate in any sports? Y  N

If yes, what kind of exercise/sport?: \_\_\_\_\_

Do you perform any repetitive movement in your work, sports or hobby? Y  N

If yes, describe: \_\_\_\_\_

Do you sit for long hours at a workstation, computer or driving? Y  N

If yes, describe: \_\_\_\_\_

Do you experience stress in your work, family, or other aspect of your life? Y  N

If yes, describe: \_\_\_\_\_

Are you experiencing tension, stiffness, discomfort or pain? Y  N

If yes, describe: \_\_\_\_\_

Have you recently had an injury, surgery, or areas of inflammation? Y  N

If yes, describe: \_\_\_\_\_

Do you have sensitive skin? Y  N

Do you have allergies to oils, lotions or ointments? Y  N

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

List any medications you are currently taking (anticoagulants, corticosteroids, etc.): \_\_\_\_\_

List any known allergies: \_\_\_\_\_

### massage experience

Have you had a professional massage before? Y  N

If yes, what types of massage have you had (Swedish, deep tissue, sports, etc.)? \_\_\_\_\_

How long you been receiving massage therapy: \_\_\_\_\_

Your goals for treatment (general relaxation or specific issue): \_\_\_\_\_

Any areas you specifically wish **not** to be massaged: \_\_\_\_\_

## health history

### Musculoskeletal

- Bone or joint disease
- Tendonitis/Bursitis
- Arthritis/Gout
- Jaw Pain (TMJ)
- Lupus
- Spinal Problems
- Migraines/Headaches
- Osteoporosis
- Fibromyalgia

### Circulatory

- Heart Condition
- Phlebitis/Varicose Veins
- Blood Clots
- High/Low Blood Pressure
- Lymphedema
- Thrombosis/Embolism

### Other

- Cancer/Tumors
- Diabetes
- Drug/Tobacco Use
- Caffeine intake (if so, how much daily?)

### Respiratory

- Breathing Difficulty/Asthma
- Emphysema
- Allergies, specify:
  
- Sinus Problems

### Nervous System

- Shingles
- Numbness/Tingling  
Pinched Nerve
- Chronic Pain  
Paralysis
- Multiple Sclerosis
- Parkinson's Disease

### Reproductive

- Pregnant, stage
- Ovarian/Menstrual Problems
- Prostate

### Skin

- Allergies, specify:

- Rashes
- Cosmetic Surgery
- Athlete's Foot

### Psychological

- Anxiety/Stress Syndrome
- Depression
- PTSD

Any other medical conditions(s) not listed:

## client agreement

I am at least 18 years old, and if I am not, I have completed a minor consent form. It is my choice to receive massage therapy. I am aware of the benefits and risks of massage and give my consent for massage. I understand that there is no implied or stated guarantee of success or effectiveness of individual techniques or series of appointments. I acknowledge that massage therapy is not a substitute for medical care, medical examination or diagnosis. I have stated all medical conditions that I am aware of and will inform my practitioner of any changes in my health status. I agree to communicate with my practitioner any time I feel my well-being is being compromised. Proper draping will be used during the session. I understand that with voluntary and informed consent, the gluteal and breast area may be temporarily moved in order to perform therapeutic treatment to structures in those areas. I also understand that any illicit or sexual acts performed by myself and/or remarks or advances made towards the therapist will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. If I experience any pain or discomfort during any session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I expect my practitioner to provide safe and effective treatment to the best of his or her skills and knowledge. I consent to have all areas of my body massaged, within the scope of practice, unless explicitly stated in this form.

Signature of client:

Date:

Signature of Massage Therapist:

Date: