



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 - breasts and genitals will not be massaged or exposed. 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, which includes the gluteal muscles. I understand massage therapy is a service, and average gratuity rates are 10\$ for 60 mins and 15-20\$ for 90 mins. I understand and concur with all the statements contained within this consent form.

Signature of client:

Date:

Signature of Massage Therapist:

Date: