

Massage Intake Form - CONFIDENTIAL INFORMATION

WELCOME! I would like to make your appointment as pleasant and comfortable as possible. If at any time you have questions regarding your session, please let me know.

Name: _____ Date of birth _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell phone _____ Text: Yes ___ No ___

Occupation _____ Whom may we thank for your referral _____

Email address (we offer discounts via email) _____

Have you ever received massage therapy? Yes ___ No ___ Frequency: _____

Type of massage experienced (Swedish, shiatsu, deep tissue, etc.) _____

Is massage therapy a part of your regular health care routine? _____

Are you currently seeing a healthcare professional? Yes ___ No ___

If yes, please list names and reason/treatment _____

Do you exercise regularly and/or participate in any sports? Yes ___ No ___

If yes, what kind of exercise/sports? _____

Do you perform any repetitive movement in your work, sports or hobby? Yes ___ No ___

If yes, describe _____

Do you sit for long hours at a workstation, computer, or driving? If yes, describe _____

Do you experience stress in your work, family, or other aspects of your life? Yes ___ No ___

If yes, describe _____

Are you experiencing tension, stiffness, discomfort or pain? Yes ___ No ___

If yes, describe: _____

Have you recently had an injury, surgery, or areas of inflammation? Yes ___ No ___

If yes, describe _____

Do you have sensitive skin? Yes ___ No ___

Do you have any allergies to oils, lotions or ointments? Yes ___ No ___

If yes, please explain: _____

List any medications you are currently taking: _____ List any known allergies: _____

Do you have any of the following today or in the past: PLEASE CIRCLE

Skin Rash, Cold/Flu, Open Cuts, Severe Pain, Anything Contagious, Injuries/Bruises, Musculoskeletal/Bone or Joint Disease, Tendonitis/Bursitis, Arthritis, Jaw Pain (TMJ) Lupus, Spinal Problems, Migraines/Headaches, Osteoporosis, Circulatory Heart Condition, Phlebitis/Varicose Veins, Blood Clots, High/Low Blood Pressure, Lymphedema, Thrombosis/Embolism, Respiratory Breathing Difficulty/Asthma/Emphysema, Shingles, Numbness/Tingling, Pinched Nerve, Chronic Pain, Paralysis, Cancer, Multiple Sclerosis, Parkinson's Disease, Cosmetic Surgery/Implants/Injections, Athlete's Foot Herpes/Cold Sores, Digestive Irritable Bowel Syndrome, Bladder/Kidney Ailment, Colitis, Crohn's Disease, Ulcers, Psychological Anxiety/Stress Syndrome, Depression, Pregnant-stage _____

Additional Information/ health concerns: _____

Are you wearing: PLEASE CIRCLE: contact lenses hearing aid hairpiece

What are your goals/expectations for this therapy session? _____

Do you have any specific requests for today's session? _____

How would you like to feel when you leave here today? _____

Are you currently experiencing any pain, tenderness, stiffness, loss of function, swelling, numbness, tingling in any area? _____

What kind of pressure do you prefer? (light, medium, deep) _____

The following sometimes occurs during massage. They are normal responses to relaxation.

**need to move or change position ♦ sighing, yawning, change in breathing
stomach gurgling ♦ emotional feelings and/or expression
movement of intestinal gas ♦ energy shifts ♦ falling asleep ♦ memories**

Please read the following information and sign below:

1. I understand that although massage therapy can be very therapeutic, relaxing and reduce muscular tension, it is not a substitute for medical examination, diagnosis and treatment. I have stated all medical conditions that I am aware of and will inform my practitioner of any changes in my health status. Being that massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully.

2. This is a therapeutic massage and any sexual remarks or advances will TERMINATE the session and I will be liable for payment of the scheduled treatment.

3. 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.

4. I understand that my session time is dedicated to my needs. If I am not able to attend my appointment, 24 hours notice is required. If I do not give proper notification or I fail to show, I will be liable for the session fee.

Signature: _____ Date _____