**Heavenly Hands Massage - Client Intake Form**

 **517 E. St. John St., Spartanburg, SC 29302**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_M\_\_\_\_F\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In Case of Emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you ever experienced a professional massage? \_\_\_\_\_\_\_\_\_\_ How Recently? \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What are your massage goals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred massage pressure?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have frequent stress? \_\_\_\_\_\_ Do you have diabetes? \_\_\_\_\_\_\_\_ Frequent headaches? \_\_\_\_\_\_**

**Are you pregnant? \_\_\_\_\_\_\_ Arthritis? \_\_\_\_\_\_\_\_ High blood pressure? \_\_\_\_\_\_\_\_\_\_\_**

**Do you take high blood pressure medication? \_\_\_\_\_\_\_ Varicose veins? \_\_\_\_\_\_\_\_\_\_**

**Epilepsy or seizures? \_\_\_\_\_\_\_\_ Joint swelling? \_\_\_\_\_\_\_\_\_\_\_Osteoporosis? \_\_\_\_\_\_\_\_\_\_\_**

**Do you have any contagious diseases? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any fragrance allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you bruise easily? \_\_\_\_\_\_\_\_\_**

**Any broken bones or injuries in the past 2 years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any tension or soreness in a specific area? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any cardiac or circulatory problems? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Any back pain? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any numbness or stabbing pains? \_\_\_\_\_\_\_\_\_\_ Are you sensitive to touch or pressure? \_\_\_\_\_\_\_\_\_\_**

**Any surgeries in the past two years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other medical conditions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medications that I should know about? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I understand that this massage is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any discomfort during this session, I will inform the massage therapist so that she may adjust the pressure and/or strokes to my comfort level. I also understand that massage is not a substitute for a medical examination, diagnosis, or treatment and that I should consult a physician or a qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage therapists are not qualified to perform spinal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said during the session should be construed as such. I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to tell the therapist about changes in my medical profile and understand that there shall be no liability on the practitioner’s part should I fail to do so.**

**Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Massage Therapist Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**