

NKY Therapeutic Massage & Wellness

Fillable Client Intake, Pain Assessment, and Treatment Consent Form

CLIENT INFORMATION

Full Name

Date of Birth

Age

Phone

Email

Occupation

Emergency Contact

Address

MEDICAL HISTORY

High Blood Pressure

Heart Condition

Diabetes

Cancer

Arthritis

Fibromyalgia

Blood Clots / DVT

Osteoporosis

Neuropathy

Migraines / Headaches

Recent Surgery

Pregnancy

Medications / Supplements / Blood Thinners

Other Health Concerns

PAIN ASSESSMENT

Primary Complaint

Pain Level (0-10)

Onset

Duration

Pain Type

Sharp

Dull

Burning

Radiating

Tightness

Numbness/Tingling

Describe pain or tension areas

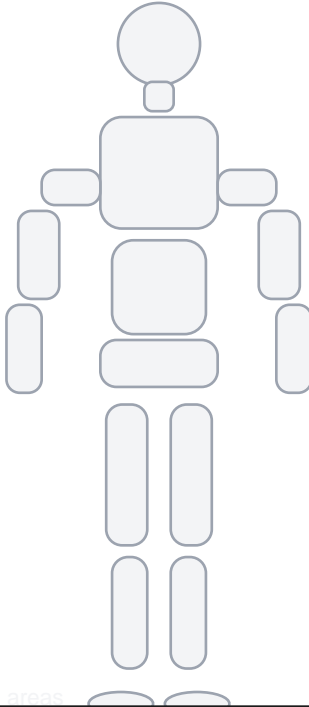
NKY Therapeutic Massage & Wellness

Fillable Client Intake, Pain Assessment, and Treatment Consent Form

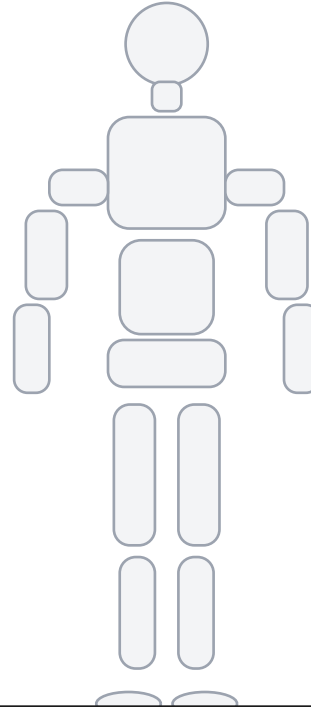
BODY DIAGRAM & TREATMENT PREFERENCES

Clients can type marked areas below, or print and circle/shade the body diagram by hand.

FRONT



BACK



Marked / affected areas

Areas to focus on

Areas to avoid

Goals for today's session

AUTO ACCIDENT / INSURANCE (IF APPLICABLE)

Date of Accident

Claim Number

Insurance Company

Attorney

CONSENT

I understand that massage therapy is intended for relaxation and therapeutic purposes only and is not a substitute for medical diagnosis or treatment. I have disclosed known medical conditions and agree to inform my therapist of any updates or changes. I understand that inappropriate behavior will result in immediate termination of the session.

Client Full Name as Signature

Date

How did you hear about us?