Idaho Nutrition & Wellness Clinic, LLC

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 **Massage Therapy Intake Form**

**Goals for massage therapy today?**

* Relaxation
* High activity level maintenance
* Deep/trigger point
* Light/meditative

**Do you have any of the following today?**

* Sunburn
* Cuts, burns, bruises, rash Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Diabetes
* Severe pain
* Pregnancy Weeks \_\_\_\_\_\_\_\_\_\_
* Breastfeeding
* Cancer
* Cold or flu Onset\_\_\_\_\_\_\_\_\_\_\_\_
* Arthritis

**Please list previous surgeries, injuries, and limitations to any specific muscle group. *Example: left shoulder doesn’t rotate forward.***

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**Do you have any allergies?**

* Yes Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

**Any additional information you would like to share with therapist?**

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I consent to treatment of massage therapy and understand that massage is designed for the purpose of relaxation and relief from tension, muscle spasms or poor circulation. The massage therapist cannot diagnose medical issues, diseases, disorders or perform spine palpitations.

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