# CLIENT INTAKE FORM

_____ _____

Date of Initial Visit (mm/dd/yyyy) Signature

## PERSONAL INFORMATION

_____

**Full Name** **DOB (mm/dd/yyyy)**

_____

Address

_____(cell)_____(work)_____(home)

Phone #

_____

Email

_____

Occupation

_____

Marital Status

_____

**EMERGENCY CONTACT NAME (RELATIONSHIP) AND PHONE #**

_____

**PHYSICIAN'S NAME AND PHONE #**

_____

Referred by

## MASSAGE EXPERIENCE

Have had a professional massage done before? YES_____ NO_____

How long has it been since your last massage? _____

How often do you receive massages? _____

**Reason for today's appointment and Goals for treatment** _____

_____

_____

_____ _____

**Client's Name** **DOB (mm/dd/yyyy)**

## CURRENT HEALTH AND MEDICAL HISTORY

**Are you experiencing Tension, Stiffness, Discomfort, or Pain** Yes_____ No_____

_____

if yes, please specify/describe

**Any Known Allergies/Sensitivities?** _____

if yes, please specify

Any Surgeries/Injuries _____

if yes, please specify

**Are you currently taking any Blood Thinners**? _____

if yes, please specify

List any medications you are currently taking _____

_____

**Please check all that apply:**

| | | | |
|---|---|---|---|
| ___Bone/Joint Disease | ___Asthma/Shortness of Breath | ___Heart Disease | ___Diabetes |
| ___Arthritis | ___COPD | ___High Blood Pressure | ___Cancer |
| ___Osteoporosis | ___Varicose Veins/Phlebitis | ___Blood Clots | ___Seizers |
| ___Spinal Problems | ___Parkinson's Disease | ___Herpes/Shingles | ___Hearing Aid |
| ___Headaches/Migraines | ___ Numbness/Tingling | ___Anxiety | ___Athlete's Foot |

_____

Any other medical conditions not listed above

_____

Any important comments/specifics I should know about

## LIFE STYLE

Do you exercise? Yes_____ No____ If yes, what type/frequency_____

Do you sit for long hours at work, computer or driving? Yes_____ No_____

Do you perform any repetitive movements in you work/sports/hobby? Yes_____ No_____

_____

if yes, please describe

Do you experience high level stress in your work/family/life Yes_____ No_____

_____

if yes, please describe