

## Muscle Mass Therapy Client Intake Form

### Personal Information:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_ Emergency Contact: Name \_\_\_\_\_ # \_\_\_\_\_

### Daily Activities:

Occupation \_\_\_\_\_ Hobbies \_\_\_\_\_

Sport/Athletic Activities \_\_\_\_\_ Hours of activity/day \_\_\_\_\_

Dominant Arm \_\_\_\_\_ Dominant Leg \_\_\_\_\_ Hours of sleep/day \_\_\_\_\_

### Medical Information:

Are you currently under the care of a physician, chiropractor, physical therapist, or any other health care professional? YES NO (please circle)

Do you presently take any prescription medication, herbs, or any over the counter medication? YES NO (please circle) If YES, please list \_\_\_\_\_

Are you suffering from any chronic or persistent problems such as allergies, low back pain, sciatica, arthritis, tendonitis, etc.? YES NO (please circle) If YES, please explain \_\_\_\_\_

Have you, in the past 2 years, undergone any surgeries, broken any bones, or had any injuries or severe illnesses where medical treatment from a healthcare professional was needed? YES NO (please circle) If YES, please explain \_\_\_\_\_

Is there any other general information or medical issues/conditions that the massage practitioner needs to be notified of? YES NO (please circle) If YES, please explain \_\_\_\_\_

I, \_\_\_\_\_ (print name), agree that all of the information provided above is true and accurate to the best of my knowledge. I also acknowledge that Muscle Mass Therapy is not responsible for any malpractice in regards to withholding medical information in above context.

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

