90 Hamburg Street
East Aurora, NY 14052

MassageWorks
"We Knead You"

www.massageworksea.com
716 655-2533

Confidential Intake Form

DATE:_____ HOME PHONE:_____ OFFICE: _____

NAME:_____ ADDRESS: _____

CITY:_____ STATE:_____ ZIP: _____

BIRTHDATE:_____ HT:_____ WT:_____ OCCUPATION:_____

REFERRED BY:_____

WHERE & WHEN WAS LAST MASSAGE:_____

MAIN REASON FOR COMING FOR MASSAGE:_____

SECONDARY REASON:_____

LIST MEDICATIONS & USE:_____

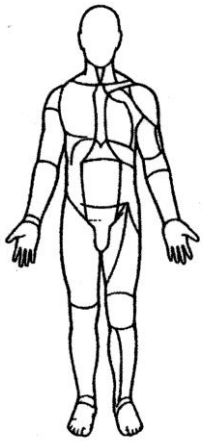
LIST SURGERIES & APPROX. DATES: _____

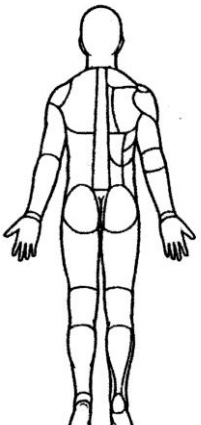
_____

ARE YOU CURRENTLY UNDER A PHYSICIAN'S CARE?: _____

IF YES, EXPLAIN:_____

Circle Area of Pain and Rate
1-Mild 2-Mod. 3-Severe





If you currently have, or within the last year have had any of the following, please indicate and give details on the back of this page:

☐ diverticulitis	☐ skin condition	☐ heart problems	☐ whiplash
☐ varicose veins	☐ herpes	☐ high blood pressure	☐ arthritis
☐ phlebitis	☐ AIDS/HIV+	☐ pregnancy	☐ headaches
☐ fractures	☐ any contagious disease	☐ constipation	☐ insomnia
☐ hematomas	☐ bursitis	☐ anxiety	☐ allergy:_____
☐ diabetes	☐ cancer	☐ depression	☐ Other:_____

I understand that the services offered are not a substitute for medical care and that any information provided by the therapist is for educational purposes only and is not diagnostically prescriptive in nature. I agree to actively participate, as much as possible, in my own healing.

_____

Client Signature