SMARTER MASSAGE THERAPY

CLIENT INTAKE FORM

learn more at smartermassage.com

Client Information

First Name _____ Last Name _____ Male ☐ Female ☐
Phone (cell) _____ Email _____ DOB _____
Address _____ City _____ State _____ ZIP _____
Occupation _____ Referred by _____

Health Information

Are you taking any medications? ☐Yes ☐No If yes, please list _____
Any allergies? (oils, lotions, nuts, fruits, skin, etc.) ☐Yes ☐No If yes, please list _____
Are you pregnant? ☐Yes ☐No If yes, how many months? _____ Due date _____
Are you currently under medical supervision or receiving medical interventions? ☐Yes ☐No
If yes, please describe _____

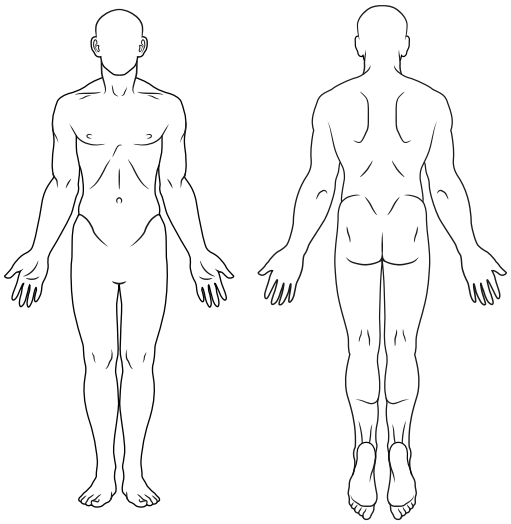
Areas of swelling	☐Yes	☐No	Diabetes	☐Yes	☐No	Osteoporosis	☐Yes	☐No
Autoimmune disorder	☐Yes	☐No	Fibromyalgia	☐Yes	☐No	Phlebitis	☐Yes	☐No
Back/neck problems	☐Yes	☐No	Headaches	☐Yes	☐No	Sciatica	☐Yes	☐No
Bleeding disorders	☐Yes	☐No	Heart condition	☐Yes	☐No	Seizures	☐Yes	☐No
Blood clots	☐Yes	☐No	Hypertension	☐Yes	☐No	Stroke	☐Yes	☐No
Buise easily	☐Yes	☐No	Kidney disease	☐Yes	☐No	Tendinitis	☐Yes	☐No
Bursitis	☐Yes	☐No	Multiple sclerosis	☐Yes	☐No	TMJ disorder	☐Yes	☐No
Cancer	☐Yes	☐No	Neurological condition	☐Yes	☐No	Varicose veins	☐Yes	☐No
Contagious condition	☐Yes	☐No	Neuropathy	☐Yes	☐No	Vertigo/dizziness	☐Yes	☐No
Decreased sensation	☐Yes	☐No	Osteoarthritis	☐Yes	☐No	Other _____		

Areas of broken skin? (i.e. rash, wounds) ☐Yes ☐No If yes, where? _____
History of joint replacement surgery? ☐Yes ☐No If yes, which joints? _____
Recent injuries or medical procedures in the past 2 years? ☐Yes ☐No If yes, please describe below
_____
Please describe any other injuries or health conditions _____
_____

Massage Information

Have you had professional massage before? ☐ Yes ☐ No
If yes, how recently _____
Reason for seeking massage ☐Relaxation ☐Specific problem
If a specific problem, please list _____
_____
How much pressure do you prefer ☐Light ☐Medium ☐Firm
Any key areas of discomfort or pain? _____
_____

Please mark below on the diagram where your pain is:



By signing below, I acknowledge that I am fully aware of the benefits and risks of massage therapy and that I have completed this form to the best of my knowledge. I also agree to inform muy massage therapist of any health or medical changes.

Client Signature _____ Date _____

Therapist Signature _____ Date _____

Thank you for taking the time to complete this form.
Please email the completed and signed form to eric@smartermassage.com
Subject line: Your Full Name & "Intake Form" (i.e. John Doe Intake Form)

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MASSAGE
THERAPY

THERAPIST USE ONLY