Client Intake Form

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Please silence mobile phone or pager

Name: _____ Birth Date: _____ Intake Date: _____

Address: _____

City, State and Zip: _____

Phone: ( ) _____ Email: _____

Emergency Contact: _____ Emergency Phone: _____

Referred by: _____

Reason for visit/Goal: _____

Do you take medication? list _____

Have you ever had massage/bodywork before? _____

Are you under medical care? Practitioner? _____

Check any recent or chronic conditions below & discuss them with your therapist.

- ___ Blood Clotting Disorders
- ___ Circulatory or heart problems
- ___ High blood pressure
- ___ Aneurism
- ___ Anemia
- ___ Headaches
- ___ Fainting Spells or dizziness
- ___ Epilepsy
- ___ Neurological Problems
- ___ Numbness or tingling
- ___ Surgery
- ___ Herniated disks
- ___ Dislocation, sprain, or strain
- ___ Arthritis
- ___ Fracture or bone trauma
- ___ Car Accident
- ___ Discomfort in back or neck
- ___ Back or neck injury
- ___ Jaw pain or injury
- ___ Muscle cramping
- ___ Malignant condition or cancer
- ___ Skin condition, irritation or lump
- ___ Respiratory problems
- ___ Digestive problems
- ___ Ulcers
- ___ Diabetes
- ___ TB or other communicable disease
- ___ Allergy to essence or oils
- ___ Wearing dentures
- ___ Wearing contact lenses
- ___ Consumed alcohol today
- ___ Pregnant

Explain: where, when, how etc _____

List any other conditions, past or present. Special needs?: _____

Please read before signing:

I understand 24 hour notice must be given for cancellations or I will be charged in full.

I understand the therapist does not diagnose illness, disease, or any physical or mental disorders, nor do they prescribe medical treatment or pharmaceuticals. I acknowledge that this therapy is not a substitute for medical examination or diagnosis, and that it is recommended that I see a primary health care provider for that service. I understand that the licensed massage therapist needs to be aware of existing physical conditions; therefore, ***I have stated all of my known medical conditions and will take it upon myself to keep the licensed massage therapist updated on my physical health.*** *I also understand that any illicit or sexually suggestive behavior, remarks, or advances made by me will result in the immediate termination of the session, and I would be liable for payment of the scheduled appointment. I realize that the treatment is being given for the well being of my body, mind and spirit.*

Signature _____ Date _____

Guardian Name (if minor) _____

Guardian Signature _____ Date _____