New Client Intake Form

Name_____

Email_____

Date of Birth _____

Phone _____ _____
Primary Phone Cell Phone

Address_____
Street City State Zip

Occupation_____

Emergency Contact _____
Name Phone Number

Have you ever received massage therapy? ☐ Yes ☐ No

Describe your goals of massage therapy (i.e. stress relief, pain relief, increased wellness) _____

_____

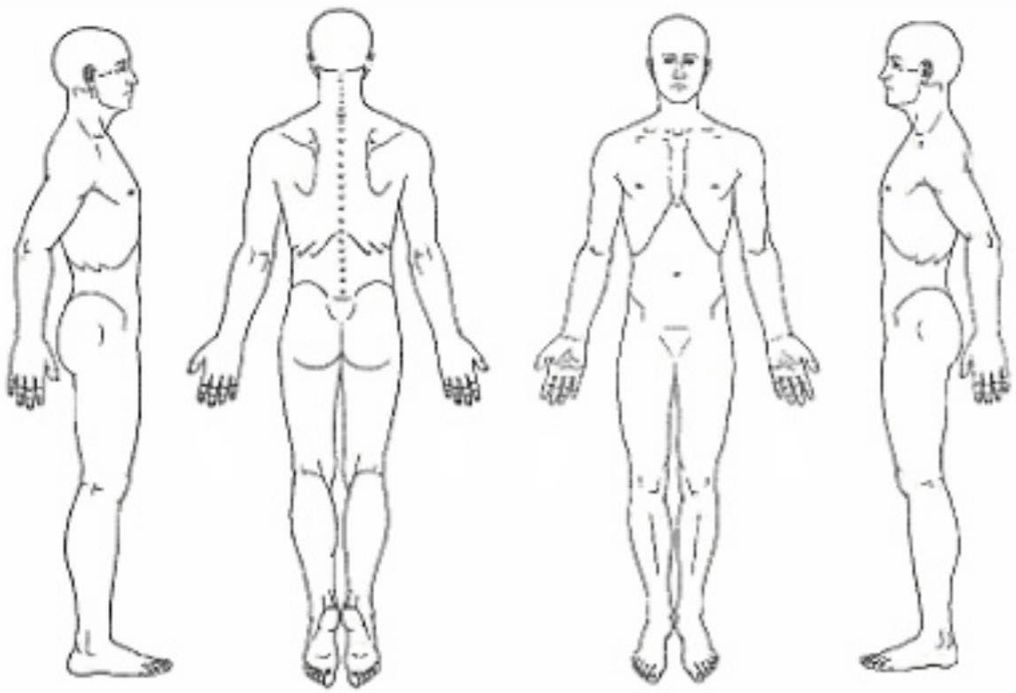
Current stress level between 1 (low) and 10 (high). _____

What type of physical fitness do you partake in/how often?_____

_____

Do you have pain in certain areas? Please list. _____

_____



BODY DIAGRAM

Using the following key, indicate affected areas as applicable.

S = scar
P = pain/discomfort
N = numbness/ tingling
D = decreased sensation
L = limited range of motion
SW = swelling
BB = broken bone

over/next page

Please check any conditions that you have.

☐ Arthritis	☐ Carpal tunnel	☐ Asthma	☐ Swelling/Edema
☐ Slipped, ruptured, herniated disc	☐ Fibromyalgia/Chronic Fatigue Syndrome	☐ Nervous System Disorders	☐ Heart attack/heart condition
☐ Epilepsy/ Seizures	☐ High/Low blood pressure	☐ Hypoglycemia	☐ Infections
☐ HIV/AIDS	☐ Depression	☐ Smoker	☐ Sensitive skin
☐ Diabetes	☐ Sciatica	☐ Blood clots	☐ Migraines/headaches
☐ Osteoporosis/ Osteoarthritis	☐ TMJ	☐ Muscle tightness	_____
☐ Tendonitis	☐ Lyme Disease	☐ Varicose veins	_____
☐ Pregnant	☐ Lupus	☐ Sprains/strains	_____

Have you ever had cancer? ☐ Yes ☐ No If yes, provide types and dates: _____

_____

Any recent injuries or other health issues?_____

_____

Any medications and/or allergies?_____

How did you hear about me? _____

I realize that I, the client, am responsible for keeping my massage therapist informed of any condition or health issue that may affect this bodywork session. The information shared on this form and during each session is kept confidential between the therapist and myself. I, the client, understand that massage is a form of health and wellness maintenance, which may facilitate various types of healing, however, is not intended to replace medical treatment if otherwise necessary. Any suggestions made by the massage therapist in relation to any health issues are recommendations and not prescriptions.

I do not handle insurance claims; however, I am glad to give you a receipt for your keeping.

A gentle reminder: Please call 24 hours *prior* to scheduled appointment to avoid paying the full fee of the scheduled session. (First time emergencies and illness will be taken into consideration). The full fee must also be paid for not showing up at all. Please arrive on time for your session to receive the full benefit.

I understand and agree to the terms above.

Signature _____Date_____

6/1/2022