



Massage Intake Form - CONFIDENTIAL

WELCOME! Thank you for choosing Mindful Skin and Body for your massage therapy session today. I want to make your appointment as pleasant and comfortable as possible. If at any time you have questions regarding your session, please let me know.

Name _____ Date of Birth _____

Address _____

State _____ City _____ Phone _____

Email _____

Occupation _____

Referred by _____

Have you ever received massage therapy? _____ Yes _____ No

Are you currently taking any medications? _____ Yes _____ No

If yes, please list name and reason for medications _____

Are you currently seeing a healthcare professional? _____ Yes _____ No

If yes, please list names and reason/treatment _____

Please review this list and check those conditions that have affected your health either recently or in the past. Place a check mark next to the condition.

___ arthritis
___ diabetes
___ blood clots
___ broken/dislocated bones
___ bruise easily
___ cancer
___ chronic pain
___ auto-immune condition *
___ hepatitis (A, B, C, other)
___ skin conditions
___ stroke
___ surgery
___ TMJ disorder

*(AIDS, fibromyalgia, chronic fatigue, lupus, etc)

___ depression, panic disorder, other psych
condition
___ headaches
___ heart conditions
___ back problems
___ high blood pressure
___ insomnia
___ muscle strain/sprain
___ pregnancy
___ scoliosis
___ seizures
___ whiplash
___ chemical dependency (alcohol, drugs)

If any of the conditions checked on the front need to be detailed or if there is anything else to share, please do so: _____

Do you have any of the following today:

___ skin rash ___ cold/flu ___ open cuts ___ sever pain ___ anything contagious ___ injuries/bruises

Continued on back

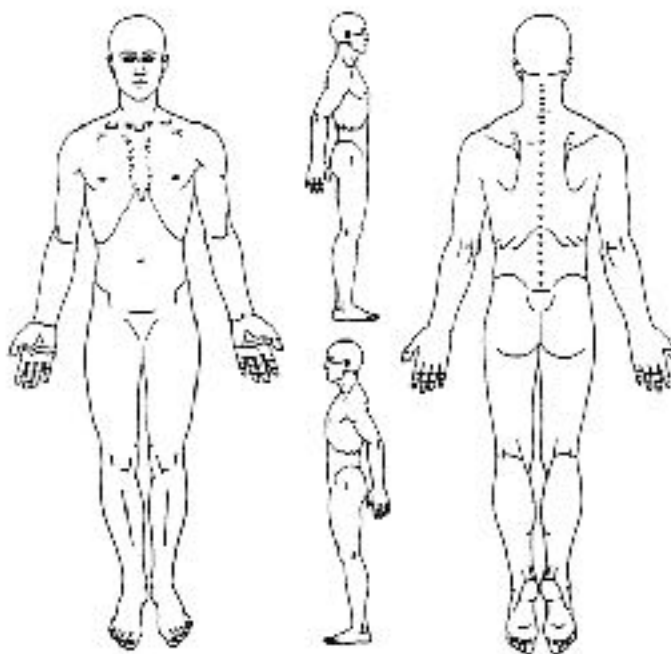
Do you have any allergies to:

___ medications ___ foods (nuts, etc) ___ environmental allergies (dust, pollen, fragrances)

___ reactions to skin care products

If any of the above are checked, please give details: _____

What are your goals/expectations for this therapy session? Please indicate on the image below what you would like to work on/areas of discomfort.



The following sometimes occurs during massage. They are normal responses to relaxation.

Trust your body to express what it needs to:

-need to move or change position -sighing, yawning, change in breathing -stomach gurgling -emotional feelings and/or expression -movement of intestinal gas -energy shifts -falling asleep -memories

Please read the following information and sign below:

1. I understand that although massage therapy can be very therapeutic, relaxing and reduce muscular tension, it is not a substitute for medical examination, diagnosis and treatment.
2. This is a therapeutic massage and any sexual remarks or advances will terminate the session and I will be liable for payment of the scheduled treatment.
3. Being that massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully.

Signature: _____ Date _____