



Confidential Intake Form

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Have you received a professional massage before?       Yes     No

What type of pressure do you prefer?       Light     Firm     Deep

Are you comfortable having bodywork done on (Check if yes)

Pectorals

Gluteal Region

Face

Head

Feet

What are your goals for treatment? \_\_\_\_\_

Please mark all that apply to your medical history

**Musculoskeletal**

- Headaches
  - Jaw Pain/TMJ
  - Shoulder/Neck/Arm/Hand Pain
  - Chest/Ribs/Abdominal Pain
  - Back/Hip Pain
  - Leg/Foot Pain
  - Joint Stiffness/Swelling
  - Broken/Fractured Bones
  - Problems Walking
  - Bursitis
  - Arthritis
  - Osteoporosis
  - Scoliosis
  - Bone/Joint Disease
  - Spasms/Cramps
  - Strains/Sprains
  - Tendinitis
  - Other \_\_\_\_\_
- Explain \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Skin**

- Rashes
  - Allergies
  - Warts
  - Moles
  - Acne
  - Athlete's Foot
  - Cosmetic Surgery
  - Other \_\_\_\_\_
- Explain \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Circulatory/Respiratory**

- Dizziness
  - Fainting
  - Cold Feet or Hands
  - Cold Sweats
  - Swollen Ankles
  - Pressure Sores
  - Varicose Veins
  - Blood Clots
  - Stroke
  - Heart Condition
  - High Blood Pressure
  - Low Blood Pressure
  - Lymphedema
  - Shortness of Breath
  - Allergies
  - Asthma
  - Sinus Problems
  - Other \_\_\_\_\_
- Explain \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Digestive**

- Constipation
  - Indigestion
  - Intestinal Gas/Bloating
  - Ulcer
  - Diarrhea
  - Irritable Bowel Syndrome
  - Diverticulitis
  - Crohn's Disease
  - Colitis
  - Adaptive Aids
  - Other \_\_\_\_\_
- Explain \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Nervous System**

- Numbness/Tingling
  - Twitching of Face
  - Fatigue
  - Chronic Pain
  - Sleep Disorder
  - Paralysis
  - Cerebral Palsy
  - Epilepsy
  - Chronic Fatigue Syndrome
  - Multiple Sclerosis
  - Muscular Dystrophy
  - Parkinson's Disease
  - Spinal Cord Injury
  - Fibromyalgia
  - Other \_\_\_\_\_
- Explain \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Reproductive System**

- Pregnancy
  - Currently\_\_\_
  - Previously\_\_\_
  - PMS
  - Menopause
  - Pelvic Inflammatory Disease
  - Endometriosis
  - Hysterectomy
  - Fertility Concerns
  - Prostate Problems
  - Other \_\_\_\_\_
- Explain \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Other**

- Loss of Appetite
  - Forgetfulness
  - Confusion
  - Difficulty Concentrating
  - Eating Disorder
  - Burning upon Urination
  - Bladder Infection
  - Diabetes
  - Cancer
  - Post/Polio Syndrome
  - Hearing Impaired
  - Visually Impaired
  - Infectious Disease (please list)
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
- Other \_\_\_\_\_
- Explain \_\_\_\_\_

Please mark with an "X" where you feel pain today

