ESTABLISHED CLIENT INTAKE FORM Today's Date: _____

Name: _____

INFORMATION UPDATE: If anything has changed since your last visit, please update here. **If nothing has changed, please feel free to skip this section:**

Address: _____
_____

Phone: _____ Email: _____
Emergency contact: _____
Occupation: _____

How would you like to be notified of your appointments: Telephone Email Text

MASSAGE INFO

How did you feel following your last massage/bodywork session?

Is today's massage/bodywork medically necessary (i.e., is it for a medical condition, injury, surgery?)
___ Yes ___ No

Do you have a physician referral/prescription? ___ Yes ___ No

What type of massage/bodywork do you prefer today?

What type of pressure do you prefer? ___ Light ___ Medium ___ Firm

What are your goals/expected outcomes for receiving massage/bodywork on this visit?

List and prioritize your current symptoms/issues (stress, pain, stiffness, numbness/tingling, swelling, etc.):

What aggravates your symptoms?	What relieves your symptoms?
What areas do you specifically want addressed during your massage?	Are there any areas you specifically want avoided during your massage? If yes, please list here.

How do you feel today?

On a scale of 0 to 10, please rate the following (zero being none to ten being the worst):
Your current overall stress level: _____
Your current overall pain level: _____
Your current limitations in function: _____

HEALTH INFORMATION

Skip this section if nothing has changed since your last visit. .

Are you wearing contacts? ___ Yes ___ No
Are you wearing dentures? ___ Yes ___ No
Are you wearing hearing aids? ___ Yes ___ No
Are you wearing a hairpiece? ___ Yes ___ No

Are you currently pregnant? ___ Yes ___ No If yes, how many weeks? _____ Due date: _____
Are you currently trying to become pregnant?
___ Yes ___ No

Please list any medications you currently take:

Have you had any injuries, accidents, or surgeries since your last visit? ___ Yes ___ No If yes, please list:

Please answer honestly, as massage may not be indicated for the conditions listed below. Do you currently have the following health conditions (if you are unsure, please ask):

Blood clots ___ Yes ___ No
Congestive heart failure ___ Yes ___ No
Infections ___ Yes ___ No
Contagious diseases ___ Yes ___ No
Pitting edema ___ Yes ___ No

Please list any allergies and/or skin sensitivities:

Our products may contain nut oils. Are you allergic to nuts or nut products? ___ Yes ___ No

If yes, please list the types of nuts:

Ability to relax? Good Fair Poor

Sleep patterns? Good Fair Poor
Average number of hours sleep per night: _____

Yes No Do you sleep with cell phone near bed?

Yes No Do you work at a computer? _____ hours

Yes No Do you eat regular meals?

Yes No Do you eat in a hurry?

Yes No Do you smoke?

Yes No Do you drink alcohol?

Exercise? ___ Regular ___Occasional ___ Irregular

Any new medical conditions, diagnoses, or other changes to your health history?

OTHER COMMENTS/INFORMATION

Is there any other information you would like to provide that has not been covered on this form? If you have an issue that you do not wish to state on this form, please discuss it with your therapist.

CONSENT FOR TREATMENT

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should seek a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments or diagnosis, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. Understanding all of this I give my consent to receive care.

Client signature
Parent or Guardian Signature (in case of a minor)

Date

✓_____ _____