

Client Intake Form – Therapeutic Massage

Personal Information:

Name _____ Phone _____

Address _____ City/State/Zip _____

Email _____

Date of Birth _____ Occupation _____

Emergency Contact _____ Phone _____

The following information will be used to help plan safe and effective massage sessions. Please answer the questions to the best of your knowledge.

Medical History

In order to plan a massage session that is safe and effective, I need some general information about your medical history.

1. Are you currently under medical supervision? Yes No 2. Do you see a chiropractor? Yes No
If yes, Please explain _____

3. Are you currently taking any medication? Yes No
If yes, please list _____

Please Check Any and All that apply:

- | | |
|--|--|
| <input type="checkbox"/> contagious skin condition | <input type="checkbox"/> open sores or wounds |
| <input type="checkbox"/> easy bruising | <input type="checkbox"/> recent accident or injury |
| <input type="checkbox"/> recent fracture | <input type="checkbox"/> recent surgery |
| <input type="checkbox"/> artificial joint | <input type="checkbox"/> sprains/strains |
| <input type="checkbox"/> current fever | <input type="checkbox"/> swollen glands |
| <input type="checkbox"/> allergies/sensitivity | <input type="checkbox"/> heart condition |
| <input type="checkbox"/> high or low blood pressure | <input type="checkbox"/> circulatory disorder |
| <input type="checkbox"/> varicose veins | <input type="checkbox"/> atherosclerosis |
| <input type="checkbox"/> deep vein thrombosis/blood clots | |
| <input type="checkbox"/> joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis | |
| <input type="checkbox"/> osteoporosis | <input type="checkbox"/> phlebitis |
| <input type="checkbox"/> epilepsy | <input type="checkbox"/> headaches/migraines |
| <input type="checkbox"/> cancer | <input type="checkbox"/> diabetes: type _____ |
| <input type="checkbox"/> decreased sensation | <input type="checkbox"/> back/neck problems |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> TMJ |
| <input type="checkbox"/> carpal tunnel syndrome | <input type="checkbox"/> tennis elbow |
| <input type="checkbox"/> pregnancy If yes, how many months? _____ | |

Please explain any condition that you have marked above _____

4. Is there anything else about your health history that you think would be useful for your massage practitioner to know to plan a safe and effective massage session for you? _____

Draping will be used during the session – only the area being worked on will be uncovered.

I, (print name) _____ understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, 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 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 therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

Signature of client _____ Date _____

Clients under the age of 17 must be accompanied by a parent or legal guardian during the entire session.

Consent must be provided by parent or legal guardian for any client under the age of 17.

Parent's Signature _____ Date _____

Signature of Massage Therapist _____ Date _____

Therapists Session Notes: