

Massage Client Intake Form

Name: _____ Date of birth: _____

Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

How did you hear about Eleventh Element? _____

- | YES | NO | |
|-----|-----|--|
| ___ | ___ | Have you ever had a professional massage or bodywork session before?
If yes, how recently? _____ |
| ___ | ___ | Do you frequently suffer from stress? |
| ___ | ___ | Do you experience frequent headaches? |
| ___ | ___ | Are you pregnant? |
| ___ | ___ | Do you suffer from arthritis? |
| ___ | ___ | Do you have high blood pressure?
If YES, what medication are you taking? _____ |
| ___ | ___ | Do you suffer from epilepsy or seizures? |
| ___ | ___ | Do you have varicose veins? |
| ___ | ___ | Have you had surgery in the last 2 years?
If YES, for what? _____ |
| ___ | ___ | Do you have any contagious diseases?
If YES, what? _____ |
| ___ | ___ | Do you have osteoporosis? |
| ___ | ___ | Do you have any allergies?
If YES, to what? _____ |
| ___ | ___ | Do you bruise easily? |
| ___ | ___ | Have you had any broken bones in the last 2 years? |
| ___ | ___ | Have you been in an accident or suffered any injuries in the past 2 years? |
| ___ | ___ | Do you have tension or soreness in a specific area? |
| ___ | ___ | Do you have cardiac or circulatory problems? |
| ___ | ___ | Do you suffer from back pain?
If YES, where? _____ |
| ___ | ___ | Do you have numbness or stabbing pains anywhere? |
| ___ | ___ | Are you sensitive to touch or pressure in any area? |
| ___ | ___ | Do you prefer a quiet service (past your intake consultation, you service can be conversation free). |
| ___ | ___ | Do you have any other medical condition or any other medication to tell us about? |

Comments: _____

Please read carefully: If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to receiving treatment. I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the practitioner. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment. 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 update this list as my medical profile changes. I also understand that there shall be no liability on the practitioner or Eleventh Element's part should I fail to do so.

I understand that any illicit or sexually suggestive remarks or advances made by me will terminate the session immediately I will be liable for the full payment of scheduled appointment .

Client/Guardian Signature: _____ Date: _____

