



Client Intake Form *All information is held strictest confidence. At no given point is information disclosed or shared without client's written consent. You may choose to skip answering any question you feel impinges on personal information you do not wish to disclose.*

## Full Name \*

First Name

Middle Name

Last Name

## Date \*



Month

Day

Year

## Address \*

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

## Phone Number \*

## This is my: \*

## E-mail \*

example@example.com

## Emergency Contact \*

**Phone Number \***

**Occupation**

**Medications**

**Allergies**

History of Pathology

**1. List Areas of Discomfort or Pain \***

**2. Describe Onset of Discomfort or Pain \***

**3. Rate of Pain Today \***

**4. Frequency - please select the most accurate \***

Constant

Off/On

At Rest

With Activity

**5. At what time of day is the pain at its worse? \***

Morning

Afternoon

Evening

During Sleep

**6. Have you ever injured this area before? \***

**7. Have you ever been in an accident (automobile, work, falls, etc.) ? \***

**8. List all related treatments received for this injury.**

**9. Have you ever received therapeutic massage for a specific problem or injury?**

**Was the treatment used effective?**

**10. Is there anything that you do that creates, increases or decreases pain? \***

**11. What are the physical duties required of your occupation? \***

**12. What activities/hobbies do you enjoy? \***

**13. Please list exercise and stress reduction activities (including frequency). \***

**14. In what position do you most often wake up? \***

Back

Side

Stomach

**15. Are you currently seeing any other healthcare professional?**

Please check any symptoms that apply to you and indicate right or left when applicable:

**Head**

Temples

Forehead

Top of head

In the eyes

**Neck**

Stiffness

Pain at neck shoulder  
junction

Pain when turning head

Pain with side to side  
movements

Neck feels out of place

Muscle spasm in neck

Gliding/Grating sound  
with neck movement

Diagnosed bone spurs

Diagnosed disc  
herniation**Shoulders**

Pain in shoulder

Front

Back

Side

Pain deep in shoulder  
joint

Diagnosed bursitis

Diagnosed Arthritis

Can't raise arm above  
shoulder levelCan't raise arm over  
head**Arms & Hands**

Pain in upper arm

Pain in forearm

Pain in wrist

Pain in fingers

Sensation of pins &  
needles in armSensation of pins &  
needles in fingers

Fingers go to sleep

Hands cold

Swollen joints in  
fingers

Sore joints in fingers

Diagnosed arthritis

Loss of grip strength

**Mid-Back**

Mid-back pain

Pain between shoulder  
blades

Pain up/down back

Pain across mid back

Pain with breathing

**Low Back**

Low back pain

Low back pain is  
worse when workingLow back pain is  
worse when liftingLow back pain is  
worse when stoopingLow back pain is  
worse when standingLow back pain is  
worse when sittingLow back pain is  
worse when bendingLow back pain is  
worse when coughingPinched nerve in low  
backLow back feels out of  
place

Pain up/down low back

Pain across low back

Diagnosed disc  
herniation

## Hip

Pain in buttocks	Pain in buttocks when standing	Pain buttocks in buttocks when sitting	Pain on side of hip
Pain deep in hip joint	Pain on sit bone	Diagnosed bursitis	Diagnosed arthritis

## Legs and Feet

Pain down RIGHT leg	Pain down LEFT leg	Pain down BOTH legs	Leg cramps
Pin & Needles in RIGHT leg	Pin & Needles in LEFT leg	Numbness in RIGHT leg	Numbness in LEFT leg
Numbness in RIGHT foot	Numbness in LEFT foot	Numbness in toes	Feet feel cold
Cramps in RIGHT foot	Cramps in LEFT foot	Swollen RIGHT ankle	Swollen LEFT Ankle
Swollen RIGHT foot	Swollen LEFT foot	Pain in RIGHT Foot	Pain in LEFT Foot
Pain in RIGHT knee	Pain in LEFT knee	Diagnosed Arthritis	

**Massage Policies:** Client services and chart information are confidential. Written authorization is required from you to release any information. • Please turn off your cell phone for optimal relaxation • Your scheduled session is set aside for you. We do not double book appointments • Please reschedule your session if you are more than 15 minutes late • 24 hour cancellation notice is required to avoid being charged for your session • You will be draped and at no time will genitalia or breast tissue be exposed • You will have a consultation with your therapist to discuss your session • Should the session require, after your therapist has left the room, you may disrobe to your comfort level • I understand that my therapeutic massage therapist or I may end the session at any time for any reason • Inappropriate behavior will not be tolerated and may be prosecuted to the full extent of the law **Client Agreement:** I understand that therapeutic massage therapists do not diagnose illness, disease, any physical or mental disorder, nor do they prescribe medical treatment, pharmaceuticals, or perform joint mobilization. I acknowledge that massage therapy is not a substitute for medical examination or diagnosis, and it is recommended that a physician be seen for that service. It is my choice to receive therapeutic massage as a form of therapy. I understand that treatment given is designed to address the care and prevention of myofascial pain and dysfunction. I also understand that at any time I feel pain or discomfort during the session, I will immediately inform my therapeutic massage therapist so they adjust. I have stated my pertinent medical conditions, and will update the massage therapist of any changes in my health status. I understand that my failure to do so may pose a threat to my health and/physical well being and I hold harmless Pure Touch Therapy and my therapeutic massage therapist from any liability whatsoever arising from failure on my part. By my electronic signature below, I agree to the massage policy and client agreement above.