



CLIENT HEALTH INTAKE FORM

Date: _____

Name: _____ Date of Birth: _____

Address: _____

City: _____ Zip: _____

E-mail: _____ Primary phone number: _____

Occupation/Employer: _____

How did you hear about us? _____

Were you previously a client of Structural Integrity Massage and Wellness? _____

Primary Care Provider: _____ Phone #: _____

May we consult with your primary care provider if necessary? Please initial if yes: Yes No

Emergency Contact: _____ Phone #: _____

MASSAGE HISTORY & TREATMENT INFORMATION

Have you ever received a professional massage? Yes No

What is your primary goal for our session (s)? _____

Are you currently experiencing areas of discomfort or pain? Yes No If yes, please describe:

Please rate your recent stress level on a scale of 0 - 10.

0 1 2 3 4 5 6 7 8 9 10

Do you experience any difficulty lying on your stomach or back? Yes No

If yes, please describe: _____

Do you have any sensitivity to scented candles, oil or ingredients in lotions? Yes No If yes, please describe: _____

Please continue. →

MEDICAL HISTORY

Are you currently seeing a health care practitioner? Yes No If yes, please explain: _____

List any exercise activities you are currently practicing. Include frequency.

List current Medications, Herbals & Supplements with reason for use.

Please list all surgeries and/or significant injuries including approximate dates.

Please check if you are currently experiencing or have any history of the following conditions.

Cancer Diabetes HIV/AIDS Heart Disease

Fibromyalgia Herniated Disk Osteoarthritis Rheumatoid Arthritis

Epilepsy Headaches Osteoporosis Sciatica

PTSD Migraines TMJ Problems Carpal Tunnel Syndrome

Easy Bruising Depression Gastrointestinal Issues Skin Sensitivity / Rash

Varicose Veins Hypertension Severe PMS Recent auto accident

Details or other relevant conditions: _____

Are you are currently pregnant? _____ How many weeks? _____

Signature: _____ Date: _____

I, the client, take responsibility for alerting my therapist of any changes in my health or physical condition that might affect our work on subsequent visits.

I, the client, understand that Massage Therapy is a form of complimentary and alternative medicine as defined by the National Institute of Medicine.

The information on this form will be treated confidentially and will be reviewed by the massage therapist rendering your therapy in order to provide quality service.