



## Massage Intake Form - CONFIDENTIAL INFORMATION

WELCOME! I would like to make your appointment as pleasant and comfortable as possible. If at any time you have questions regarding your session, please let me know.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work/Home \_\_\_\_\_

Have you ever received a professional massage?      Yes      No

Are you currently taking any medications?      Yes      No

If yes, please list name and reason for medications \_\_\_\_\_

Are you currently seeing a healthcare professional?      Yes      No

If yes, please list names and reason/treatment \_\_\_\_\_

Please circle any conditions that have affected your health either recently or in the past.

<i>AID's or HIV</i>	<i>Depression</i>	<i>Low Blood Pressure</i>
<i>Arthritis</i>	<i>Diabetes</i>	<i>Seizures</i>
<i>Athlete's Foot</i>	<i>Fibromyalgia</i>	<i>Sleeping Disorder</i>
<i>Blood Clots</i>	<i>Frequent Headaches</i>	<i>Spinal Problems</i>
<i>Broken/Dislocated Bones</i>	<i>Heart Conditions</i>	<i>Stroke</i>
<i>Cancer</i>	<i>Hepatitis</i>	<i>Varicose Veins</i>
<i>Constipation/Diarrhea</i>	<i>High Blood Pressure</i>	<i>Whiplash</i>

If any of the above needs to be detailed or if there is anything else to share, please do so: \_\_\_\_\_

Do you have any of the following today:

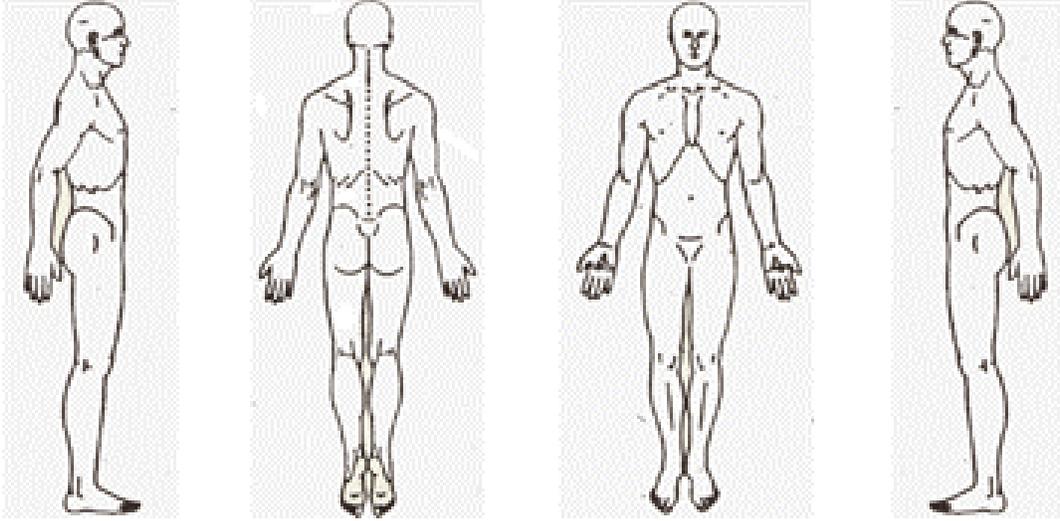
*Skin Rash*      *Cold/Flu*      *Open Cuts*      *Severe Pain*

Do you have any allergies to:

Medications, Foods (nuts, etc.), Oils/Creams \_\_\_\_\_

Are you wearing: contact lenses, hearing aid or hairpiece? \_\_\_\_\_

Please indicate with an (X), if any, areas you would like focused on:



What are your goals/expectations for this therapy session? \_\_\_\_\_

**Please read the following information and sign below:**

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 should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician or other qualified medical specialist for any mental or physical ailment of which I am aware.

I understand that massage practitioners 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 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.

This is a therapeutic massage and any sexual remarks or advances will terminate the session and I will be liable for payment of the scheduled treatment.

I have disclosed all health information truthfully and in full.

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_