

Massage Therapy Client Health Intake Form

Patient Information		
Last Name	First Name	M.I.
Preferred to be called		Date of Birth
Street		
City	State	Zip
Home phone	Mobile phone	Email
Emergency Contact		Phone

Have you ever had a professional massage before: Yes No If so, how often: _____
 Do you exercise: Yes No Frequency: _____
 Do you have any difficulty lying on your front, back, or side: Yes No
 Do you have any allergies to oils, lotions, or ointments: Yes No
 Are you pregnant: Yes No
 Are you sensitive to touch/pressure in any area (ticklish): Yes No
 Are you currently under medical supervision: Yes No
 Do you see a chiropractor: Yes No

Please check any condition below that applies to you:

- | | | |
|---|--|---|
| <input type="checkbox"/> Contagious skin condition | <input type="checkbox"/> Open sores or wounds | <input type="checkbox"/> Recent fracture |
| <input type="checkbox"/> Recent surgery | <input type="checkbox"/> Artificial joint | <input type="checkbox"/> Swollen glands |
| <input type="checkbox"/> Allergies/sensitivity | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Varicose veins |
| <input type="checkbox"/> Atherosclerosis | <input type="checkbox"/> Phlebitis | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Headaches/migraines | <input type="checkbox"/> Decreased sensation |
| <input type="checkbox"/> Back/neck problems | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Tennis elbow |
| <input type="checkbox"/> Easy bruising | <input type="checkbox"/> Recent accident or injury | <input type="checkbox"/> Circulatory disorder |
| <input type="checkbox"/> Sprains/strains | <input type="checkbox"/> Current fever | <input type="checkbox"/> Joint disorder |
| <input type="checkbox"/> High or low blood pressure | <input type="checkbox"/> Cancer | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Deep vein thrombosis/clots | <input type="checkbox"/> TMJ | <input type="checkbox"/> Carpal tunnel |

Please explain any checked items above: _____

Reason/expectation for appointment (stress relief, relaxation, pain relief): _____

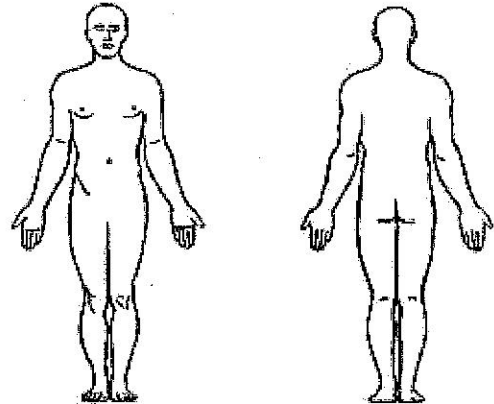
Desired pressure: Light Firm Deep

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Using the figure to the right:

Circle the areas of the body you feel need the most attention.

Cross out the areas of the body you wish to have avoided.



Draping will be used during the session - only the area being worked on will be uncovered. I understand that it is not within the scope of the massage session for the therapist to engage in breast massage. Clients under the age of 18 must be accompanied by a parent or legal guardian during the entire session. Informed written consent must be provided by parent or legal guardian for any client under the age of 18.

I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. Swedish, deep tissue, and trigger point massage as well as stretching may be used during the session. 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. 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.

I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session.

Client Signature

Date

Massage Therapist Signature

Date