

Today's Date: _____

CLIENT INTAKE FORM



Personal Information:

Name _____ Date of Birth _____
 Phone _____ Email _____
 Address _____ City/State/Zip _____
 Occupation _____ Emergency Contact/ Phone _____

General Questions:

1. How are you feeling today? (emotionally, physically?) _____
2. Have you had a professional massage before? _____ If so, how often? _____
3. Are you allergic or sensitive to any creams or oils? _____
4. What end result would you like from your treatment today? _____
5. What level of pressure do you prefer? Light _____ Medium _____ Deep _____
6. Any areas you would like special attention? _____
7. Any areas you would like massage avoided? _____

Occupational Questions:

- 8 What is your main activity at work? Phone _____ Sitting _____ Computer _____ Labor _____ Driving _____
- 9 What physical activities do you participate in regularly? _____

Medical History:

10. Are you currently under the care of a physician? _____ If so, why? _____
11. Please list current medications: _____
Any side effects? _____
12. Have you ever been diagnosed with cancer? _____ If so, what type and when? _____
13. Please list any sports injuries, surgeries or other injuries: _____

Check any or all that apply to your present health:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> headaches | <input type="checkbox"/> chronic pain | <input type="checkbox"/> varicose veins | <input type="checkbox"/> inflammation |
| <input type="checkbox"/> muscle or joint pain | <input type="checkbox"/> blood clots (DVT) | <input type="checkbox"/> carpal tunnel | <input type="checkbox"/> numbness/ tingling |
| <input type="checkbox"/> high/ low blood pressure | <input type="checkbox"/> jaw pain/teeth grinding | <input type="checkbox"/> sprains/strains | <input type="checkbox"/> diabetes/ hypoglycemic |
| <input type="checkbox"/> athletes foot | <input type="checkbox"/> stent/ shunt/ pacemaker | <input type="checkbox"/> MS, Parkinsons | <input type="checkbox"/> plantar warts |
| <input type="checkbox"/> spinal abnormalities | <input type="checkbox"/> cancer/ tumors | <input type="checkbox"/> depression | <input type="checkbox"/> anxiety |
| <input type="checkbox"/> insomnia | <input type="checkbox"/> Infectious disease | <input type="checkbox"/> arthritis/ RA | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> tendonitis | <input type="checkbox"/> contagious skin disorder | <input type="checkbox"/> fibromyalgia | <input type="checkbox"/> herniated disk |
| <input type="checkbox"/> open wounds/ rashes | <input type="checkbox"/> pregnant | <input type="checkbox"/> breast feeding | <input type="checkbox"/> implants |

I, _____ (*signature*), understand that the massage I receive is for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort, I will immediately inform the therapist so that the pressure may be adjusted to my comfort level. I understand that massage should not be construed as a substitute for a medical exam and my therapist is not able to diagnose, treat, prescribe or perform skeletal adjustments. Because massage should not be performed under certain medical conditions, I agree to keep the therapist updated 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.

- If you are late for your appointment, your massage may be shortened to respect those following you.
- We reserve the right to charge a \$25 cancellation fee for massages cancelled within 24 hours.
- Goupons are 1 per person every 6 months and only valid for the practitioner listed. If you cancel an appointment within 24 hours when using a Groupon, it will be redeemed to provide the practitioner lost wages.