

Massage and Bodywork Intake Form

Client Information	
Name:	Date:
Street:	Day Phone:
City: Zip:	Evening Phone:
Occupation:	Date of Birth:
Emergency Contact:	Phone Number:
Referred by:	Email:

Massage History / Session Information	
Have you ever received a professional massage?	
Date of last massage:	
What results do you want from your massage session?	
List any exercise activities. Include frequency:	
Are you currently under the care of a health care practitioner?	
If yes, specify purpose:	
List any current medication and purpose:	

Previous History(Include year and treatment received)
Have you had any injuries in the last 72 hours?
Have you started any new medications in the last 72 hours?
Have you had any cold/flu symptoms in the last week?
Injuries/accidents/illnesses still affecting you:
Surgeries:

Please mark any of the following that you now have or have had.	
<u>Musculoskeletal</u>	<u>Circulatory</u>
<input type="radio"/> Bone or joint disease	<input type="radio"/> Heart Condition
<input type="radio"/> Tendonitis/Bursitis	<input type="radio"/> Phlebitis/Varicose Veins
<input type="radio"/> Arthritis/Gout	<input type="radio"/> Blood Clots
<input type="radio"/> Jaw Pain (TMJ)	<input type="radio"/> High/Low Blood Pressure
<input type="radio"/> Lupus	<input type="radio"/> Lymph edema
<input type="radio"/> Spinal Problems	<input type="radio"/> Thrombosis/Embolism
<input type="radio"/> Other:	<input type="radio"/> Other:

<u>Respiratory</u>	<u>Skin</u>
<input type="radio"/> Breathing difficulty/Asthma	<input type="radio"/> Allergies
<input type="radio"/> Emphysema	<input type="radio"/> Rashes
<input type="radio"/> Allergies	<input type="radio"/> Athletes Foot
<input type="radio"/> Sinus Problems	<input type="radio"/> Herpes/Cold Sores
<input type="radio"/> Other:	<input type="radio"/> Other:

<u>Nervous System</u>	<u>Digestive</u>
<input type="radio"/> Shingles	<input type="radio"/> Irritable bowel syndrome (IBS)
<input type="radio"/> Numbness/Tingling	<input type="radio"/> Ulcers
<input type="radio"/> Pinched Nerve	<input type="radio"/> Other:
<input type="radio"/> Other:	

<u>Reproductive</u>	<u>Reproductive</u>
<input type="radio"/> Cancer/Tumor	<input type="radio"/> Pregnant: Stage-
<input type="radio"/> Bladder/Kidney ailment	<input type="radio"/> Ovarian/Menstrual Problems
<input type="radio"/> Diabetes	<input type="radio"/> Prostate
<input type="radio"/> Drug/Alcohol use	<input type="radio"/> Other:
<input type="radio"/> Caffeine/ Tobacco use	
<input type="radio"/> Chronic Fatigue	
<input type="radio"/> Chronic Pain	
<input type="radio"/> Sleep Disorders	
<input type="radio"/> Migraines/Headaches	
<input type="radio"/> Anxiety/Stress syndrome	
<input type="radio"/> Depression	

Please read the following carefully:

I, _____, understand and agree to the following:

- ◆ All massages are **non-sexual in nature.** Any sexual or illicit remarks or advances will terminate the session immediately and I will be responsible for payment in full.
- ◆ I understand that if the massage therapist starts a session late, she will make it up to me at the end of my session if possible, or will reduce my fee accordingly. I understand that if I arrive late, my session will end at the original scheduled time so the client following me is not penalized.
- ◆ The massage therapy given here is for the purpose of stress reduction, relief form muscular tension or spasm or for increasing circulation.
- ◆ The massage therapist does not diagnose illness, disease or any other physical or mental disorder, massage therapy is not a substitute for medical examination or diagnosis, and it is recommended that I see a physician for any physical ailment I might have.
- ◆ The massage therapist does not prescribe medical treatment or pharmaceuticals.
- ◆ The massage therapist does not perform spinal manipulations.

- ◆ Draping is the state law in Tennessee and I agree to be draped for the duration of the massage.
- ◆ I understand that massage should not be performed under certain medical conditions and I will truthfully complete the intake form and it is my responsibility to keep my therapist updated on any changes in my medical history or prescriptions. I understand there is no liability on the therapist's part if I should fail to do so and that all of my information will be kept confidential.
- ◆ While the therapist will check with me on the amount of pressure used, I understand that it is my responsibility to inform them of any pain or discomfort during the massage.

I understand that this document is a legal medical record and agree to allow the therapists to review this information. I understand that the information in this document is confidential and will not be released to anyone without the express written consent of the client.

Signature: _____ Date: _____

If client is under 18 years of age complete the following:

I, _____, give permission for my child, _____ to receive a therapeutic massage from the massage therapist.

Signature: _____ Date: _____