

Confidential Massage Therapy Intake Form

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Alt. Phone: _____

Male/Female Single/Married/Divorced/Widowed Birthdate: ___/___/___

Who referred you? _____ Have you ever had a massage before? Y/N

Occupation: _____

Medical History

Approx. Weight: _____ Height: _____ Allergic to oils? Y/N Fragrances? Y/N

List any injuries, surgeries, or broken bones & when they occurred: _____

Please circle any of the following conditions you are experiencing :

- | | | |
|----------------------|--------------------|------------------------|
| Emotional Changes | Headaches | Skin Disorders |
| Hypoglycemia | Phlebitis | P.M.S. Syndrome |
| Heart Ailment | Diabetes | Pregnancy |
| Infectious Condition | Sleeplessness | Flu/Cold/Fever |
| Kidney Ailment | T.M.J. Syndrome | Varicose Veins |
| Cancer | Allergies | High Blood Pressure |
| Chronic/Acute Pain | Digestive Problems | Arthritis |
| Neck/Spine Injury | Ulcerated Colon | Osteoporosis |
| Fibromyalgia | Joint Discomfort | Carpel Tunnel Syndrome |

Are you currently under the care of a health professional? Y/N Why? _____

Healthcare provider's name and specialty: _____

List any medications: _____

What types of exercise/stretches do you do and how often? _____

I understand if I experience any pain or discomfort during my session(s), I will immediately inform the therapist so the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment I am aware of. I understand massage therapists are not qualified to perform spinal or skeletal adjustments, diagnosis, prescribe, nor treat any physical or mental illness, and nothing said in the course of the session(s) given should be construed as such. Because massage/bodywork should not be done under certain medical conditions, I affirm 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 there shall be no liability on the practitioner's part should I forget to do so. It is also understood any illicit or sexual suggestive remarks or advances made by me will result in immediate termination of the session.

Client Signature _____

Please give 24 hour notice for cancellations.