

NEW CLIENT INTAKE FORM:

Name: _____ Email: _____
Phone: _____
Address: _____ Emergency Contact: _____
Phone: _____
Date of Birth: _____

Have you received massage therapy before? How frequently?

What is your major reason for seeking massage therapy?

When did you first notice this condition?

Is there anything that aggravates or relieves it?

Do you have a medical diagnosis?

Please circle all areas of the body which you give permission the receive massage therapy:

Back Neck Shoulders Buttocks Legs Feet Abdomen Arms Hands Upper chest Face Head

Are you comfortable laying on your back, stomach and side for long periods of time?

What do you do for work?

What do you do when you are stressed?

Do you have regular exercise/movement practices, and what are they like?

What position do you tend to sleep in?

Do you have any allergies that you are aware of?

HEALTH HISTORY

Types of medical and healthcare practitioners visited regularly:

If you do see someone regularly, please explain.

Please list all medications and/or supplements that you are currently taking and why:

Please list (date/description) of any accidents, operations or old injuries:

Please check any conditions which apply to you (past or present):

MUSCULO-SKELETAL

- Bone or joint disease
- Tendonitis or bursitis
- Fractured/broken bone
- Sprains/Strains
- Spasm/Cramps
- Arthritis
- Headaches
- Scoliosis
- Inflammation
- Jaw pain
- Other _____

CIRCULATORY/RESPIRATORY

- High or low blood pressure
- Heart Condition
- Varicose veins
- Blood clots
- Dizziness/fainting
- Asthma
- Allergies
- Sinus problems
- Difficulty breathing
- Other _____

SKIN

- Rashes
- Allergies
- Athlete's foot
- Warts
- Other _____

DIGESTIVE

- Irritable bowel syndrome
- Inflammatory bowel
- Constipation or diarrhea
- Diverticulitis
- Acid reflux/ GERD
- Other _____

NERVOUS SYSTEM

- Multiple sclerosis
- Fibromyalgia
- Areas of numbness/tingling
- Herpes/Shingles
- Other _____

OTHER

- Infectious disease
- Cancer
- Diabetes
- Autoimmune

Please explain any of the conditions checked above:

INFORMED CONSENT, POLICIES AND PROCEDURES:

It is my choice to receive massage therapy. I understand that massage is given for the well-being of my body and mind. This includes stress reduction, relief from muscular tension, spasm or pain, and increasing circulation and energy. I agree that I will communicate with my therapist if I feel my well-being is being compromised.

I understand that massage therapists are not medical doctors and do not diagnose illness/disease or prescribed medical treatment, pharmaceuticals or perform spinal adjustment manipulations. I understand they may use manual tools such as cups, trigger point tools, hot stones/towels and gua sha tools to aid in my massage therapy goals.

Any information exchanged during a massage session or on my intake form is confidential and is only used to provide my therapist with the best plan for massage therapy. I understand that a massage therapist may ask me questions about my health history in full detail.

The therapist reserves the right to decline, discontinue or restrict services based on any provided information that may indicate massage therapy if not appropriate. These rights are also reserved in case of sexual misconduct, innuendo or advances from client. With balance being paid in full.

I also understand that herbalists are not of the medical profession and do not diagnose, prescribe or treat medical conditions of any type. Herbalists do not give medical advice. Herbal products are not used for treatment but instead are used to support and assist the body.

I understand that cancellations without 24 hour notice will be charged a 50% missed appointment fee for the session. I also understand that late arrivals will be charged the full amount for the service booked and will receive as much of the service as time allows.

I have provided accurate information on this form and will update my therapist of any changes in the future.

Signature_____

Signature of legal guardian if applicable_____

Date_____