Massage Therapy Client Health Intake Form

Name: _____

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

Phone: _____ Date of Birth: _____Occupation: _____

How did you hear about me? _____

What are your goals for this session? _____

Please mark an (X) by all current conditions and (P) for all past conditions

___ Abdominal or digestive problems
___ Allergies
___ Anxiety
___ Arthritis/tendonitis
___ Asthma or lung cond.
___ Athletes foot
___ Blood clots
___ Bone fractures
___ Chronic pain
___ Circulatory/heart problems
___ Constipation/diarrhea
___ Depression
___ Diabetes
___ Fatigue
___ Headaches, migraines
___ Hearing problems
___ Hernia
___ High blood pressure
___ Jaw pain/TMJ pain
___ Low blood pressure
___ Muscle/joint pain
___ Numbness/tingling
___ Pregnancy
___ Rash/fungus
___ Sinus problems
___ Skin conditions
___ Sleep difficulties
___ Spinal disorders
___ Sprain/strain
___ Tension/stress
___ Vision problems
___ Varicose veins
___ Other _____

Elaborate on noted areas above:_____

_____

List any prescribed medications: _____

Please list any recent injuries or surgeries within the past 5 years: _____

_____

Please list your stress-reduction activities, hobbies, exercise and/or sport participation: _____

_____

I have stated all conditions that I am aware of and this information is true and accurate to the best of my knowledge. I understand that massage/bodywork I receive is for the purpose of stress reduction and the relief from muscular tension, spasm or pain and to increase circulation. I understand that my massage therapist does not diagnose illness or disease, nor perform any spinal manipulations, and does not prescribe any medications/treatments. I acknowledge that massage is not a substitute for a medical examination or diagnosis and that I should see my health care provider for those services. If I am unable to attend my scheduled appointment, I will respect and abide by the set cancellation policies. Sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature will constitute as sexual harassment and will not be tolerated. I understand that I am receiving massage therapy at my own risk.

Client Signature: _____ Date: _____