Massage Therapy Client Health Intake Form

Type your answers, then print and sign - or print blank and fill it out by hand.

Name

Address | City | State | Zip

Phone | Date of birth | Occupation

Dominant hand

❑ Right ❑ Left

How did you hear about me?

What are your goals for this session?

CURRENT AND PAST CONDITIONS

Check Now for a condition you have today, or Past for one you had before.

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

Other condition(s)

Elaborate on anything you marked above

Prescribed medications

Recent injuries or surgeries within the past 5 years

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.

❑ I have read and agree to the statement above.

Client Signature | Date