

Client Intake Form & Confidential Health History

Name: _____ Date of Birth: _____ Date: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: (day) _____ (eve) _____ Email: _____
 Sex: M / F Occupation: _____ Referred by: _____
 Physician: _____

Hobbies/exercise/activities: _____

How would you rate your stress level on a scale of 1-10 (1 = very low, 10 = very high)? _____

Do you consider yourself to be a healthy person?

Current Health & Previous Experience with Massage Therapy

Have you ever received a professional massage? Y / N If so, what did you like/ not like about it?

Please list your goals for your session today: _____

List any areas of pain or tension. _____

Are there any areas of the body that you **DO** or **DO NOT** wish to have massaged?

Medical History

Please mark (X) for all conditions that apply now. Mark (P) for past conditions.

____ fever
 ____ headaches, migraines
 ____ jaw pain, TMJ
 ____ sinus problems
 ____ changes in vision
 ____ hernia
 ____ diabetes
 ____ infectious diseases
 ____ cancers/ tumors
 ____ seizures
 ____ athlete's foot
 ____ skin/nail conditions
 ____ allergies
 ____ numbness/tingling

____ **Cardiovascular**
 ____ heart attack
 ____ stroke
 ____ blood clots
 ____ varicose veins
 ____ high blood pressure
 ____ **Gastrointestinal**
 ____ nausea, vomiting, diarrhea
 ____ digestive problems
 ____ HIV/ Hepatitis/ Herpes
 ____ orthodontic/dental work
 ____ **Other:** _____

____ **Musculoskeletal**
 ____ muscle/ tendon injuries
 ____ disc problems
 ____ bone injuries
 ____ arthritis
 ____ osteoporosis
 ____ **Respiratory**
 ____ cough
 ____ asthma / lung conditions

Are you pregnant? Y / N

Please explain any areas noted above: _____

Confidential Health History

Past injuries (and approximate date of injury) _____

Past Surgeries (and dates): _____

List current medications and supplements (including aspirin, ibuprofen, birth control, herbs, etc) and what you take them for: _____

Allergies: _____

Policy Statement

- Massage is the manipulation of soft tissue to promote relaxation and healing of muscles and soft tissue.
- The client shall receive a ½ hour, one hour or 1 ½ hour massage or craniosacral therapy session as requested.
- The client shall be sober at the time of his/her appointment or the massage cannot be performed.
- The client has the right to refuse service at any time during the massage session.
- **Cancellations must be made at least 24 hours in advance or the client will be responsible for the session fee.**

I have read the above policy statement and understand the policies and expectations for my massage & bodywork session.

I have informed my massage therapist of all my known physical conditions, medical conditions and medications, and I will keep my massage therapist updated of any changes.

Signature of client: _____ Date: _____