

Massage and Bodywork Intake Form

Client Information

Date _____

Name _____ Date of Birth _____

Street _____ Day Phone (____) _____

City _____ State _____ Zip _____ Cell Phone (____) _____

Email _____ Eve Phone (____) _____
(appointment reminders are sent automatically by email)

Referred by _____

Emergency Contact _____ Phone (____) _____

Massage History / Session Information

Have you received professional massage before? Yes No Date of last session _____

What result do you want from your massage sessions? _____

List stress reduction and exercise activities. Include frequency: _____

Are you currently seeing a medical practitioner. Yes No If yes, please explain:

List current medications including aspirin, ibuprofen. etc. _____

Previous History (include year and treatment received)

Surgeries: _____

Accidents: _____

Health History

Musculoskeletal

- _____ Bone or Joint Disease
- _____ Tendonitis / Bursitis
- _____ Arthritis / Gout
- _____ Jaw Pain (TMJ)
- _____ Lupus
- _____ Spinal Problems
- _____ Other:

Circulatory

- _____ Heart Condition
- _____ Phlebitis / Varicose Veins
- _____ Blood Clots
- _____ High / Low Blood Pressure
- _____ Lymphedema
- _____ Thrombosis
- _____ Other:

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Health History continued

Respiratory

_____ Breathing difficulty / Asthma
_____ Emphysema
_____ Allergies, specify:
_____ Sinus problems
_____ Other:

Nervous System

_____ Shingles
_____ Numbness / tingling
_____ Pinched nerve
_____ Other:

Reproductive

_____ Pregnant: Stage
_____ Ovarian / menstrual problems
_____ Prostate
_____ Other:

Skin

_____ Allergies
_____ Rashes
_____ Athletes foot
_____ Herpes / cold sores
_____ Other:

Digestive System

_____ Irritable bowel syndrome
_____ Ulcers
_____ Other:

Other

_____ Cancer / tumors
_____ Bladder / kidney ailment
_____ Diabetes
_____ Drug / alcohol / caffeine / tobacco use
_____ Chronic fatigue
_____ Chronic pain
_____ Sleep disorders
_____ Migraines / headaches
_____ Anxiety / stress syndrome
_____ Depression
_____ Contact lenses (hard or soft)

Additional remarks / Comments

I have completed this form to the best of my knowledge and will inform the massage therapist of any change in my physical health. I understand that a massage therapist cannot diagnose illness, disease, or any other medical, physical or emotional disorder, nor perform any spinal manipulations. I am responsible for consulting a qualified physician for any physical ailments that I have.

I understand that massage therapy is a therapeutic health aide and is non-sexual.

I understand that if the massage therapist starts a session late he will make it up at the end of my session or will reduce my fee accordingly.

I understand that if I arrive late, my session will end at the originally scheduled time, so the client following me is not penalized.

I agree to give at least 24 hours notice for a scheduled appointment that I cannot keep.

I am aware that I may be charged the full fee for any missed sessions or for sessions that I do not give 24 hours notice to cancel or reschedule. I further understand that insurance will not cover these charges.

Signed _____

Date _____