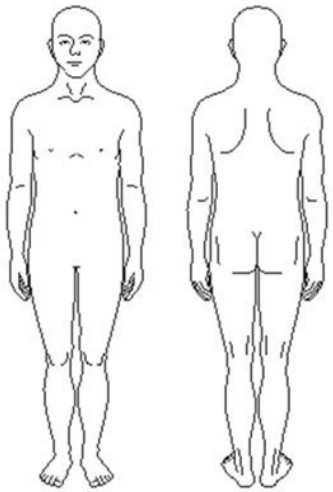
CLIENT INTAKE FORM

Name:_____ Date of Birth:_____ Today's Date:_____
Address: _____ City:_____ State:_____ Zip:_____
Primary Complaint:_____ Phone #:_____

Please mark and label the diagram with aches, pains, numbness, or other problems.



X – Stabbing Pain
O – Numbness
//// - Aches
+++ - Pins and Needles
----Burning

Have you ever had a professional massage before? YES/NO
Are you under the care of any health care professional? YES/NO_____
Are you taking any medications? _____

If you have any recent or chronic medical conditions, please check them below and discuss them with your massage therapist.

Have you had or do you have any of the following:

___ jaw pain/injury	___Back discomfort or injury	___neck discomfort
___headaches	___high blood pressure	___circulatory/heart problems
___anemia	___varicose veins	___blood clotting disorder
___epilepsy	___malignant condition or cancer	___muscle cramping
___respiratory problems	___fainting spells or dizziness	___ulcers
___digestive problems	___neurological problems	___diabetes
___numbness/tingling	___recent surgery (explain on back)	___TB
___herniated disks	___allergies (__to essences __to oils)	___dentures
___fractures/bone trauma	___dislocations/sprains/strains	___arthritis
___currently pregnant	___alcohol in the last 3 hours	___contact lenses
___car accidents	___fibromyalgia	___chronic fatigue

Do you have any other medical condition that your practitioner should be aware of before performing your massage?_____

Please read before signing:

I understand that the purpose of this massage is for stress reduction, relief from muscular tension or spasm, or for increasing circulation. I understand that the massage therapist does not diagnose illness, disease, or any other physical or mental disorder. As such, the massage therapist does not prescribe medical treatment or pharmaceuticals. This massage session is not a substitute for medical examinations and/or diagnosis. It is recommended that I see a physician for any physical ailment that I have. I understand that massage therapists need to be aware of existing physical conditions; therefore, I have stated all of my known medical conditions and take it upon myself to keep the massage therapist updated on my physical health. I also understand that any illicit or sexually suggestive behavior, remarks, or advances made by me will result in immediate termination of the session and I will be liable for payment of the scheduled appointment

Signature:_____ Date:_____