

Massage Therapy

CLIENT INTAKE FORM

Name _____ Date _____
 Address _____
 Phone _____ Emergency contact _____
 Emergency Contact Phone _____

**Please answer the questions below.

How did you learn about us? Referred by Physician Referred by Family/Friend Social Media Website

Have you received massage therapy or bodywork before? Yes No

Are you on any medication? Yes No If yes, which ones _____

Do you exercise? Yes No If yes, how many times per week? _____ How many hours? _____

**Please mark any of the following conditions you may currently have.

- | | | |
|--|--|---|
| <input type="checkbox"/> Neck injury | <input type="checkbox"/> Kidney alignment | <input type="checkbox"/> Recent surgery |
| <input type="checkbox"/> Infection | <input type="checkbox"/> Sports injury | <input type="checkbox"/> Open wounds |
| <input type="checkbox"/> Pms | <input type="checkbox"/> Phlebitis | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Emotional changes | <input type="checkbox"/> Bruises | <input type="checkbox"/> Chronic pains |
| <input type="checkbox"/> Sinus congestion | <input type="checkbox"/> High Blood pressure | <input type="checkbox"/> Blood clot |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Varicose veins | <input type="checkbox"/> Fever within 24hrs |
| <input type="checkbox"/> Cold virus | <input type="checkbox"/> Acute pain | <input type="checkbox"/> Wear contacts |
| <input type="checkbox"/> Flu | <input type="checkbox"/> Grief process | <input type="checkbox"/> Others, please specify |
| <input type="checkbox"/> Allergies | | _____ |

I understand that massage therapy is for the purpose of 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. The massage therapist does not prescribe medical treatment nor perform spinal manipulations. I will inform the therapist of my current condition at the time of each visit.

Signature _____