Client Intake Form – Therapeutic Massage

Personal Information:

Name: _____ Primary Phone: _____

Address: _____ City/State/Zip: _____

Email: _____ Date of Birth: _____ Occupation: _____

Emergency Contact: _____ Phone: _____

Medical History:

In order to plan a massage session, I need some general information about your medical history. The following information will be used to help plan safe and effective massage sessions.

Are you currently under medical supervision? No Yes please explain: _____

Do you see a chiropractor? Yes No if yes, how often: _____

Are you currently taking any medications? No Yes please list: _____

_____

Please check any condition listed below that applies to you:

( ) contagious skin condition
( ) open sores or wounds
( ) easy bruising
( ) recent accident or injury
( ) recent fracture
( ) recent surgery
( ) artificial joint
( ) sprains/strains
( ) current fever
( ) swollen glands
( ) allergies/sensitivity
( ) heart condition
( ) high or low blood pressure
( ) circulatory disorder
( ) varicose veins
( ) atherosclerosis
( ) osteoporosis
( ) epilepsy
( ) headaches/migraines
( ) cancer
( ) diabetes
( ) decreased sensation
( ) phlebitis
( ) deep vein thrombosis/blood clots
( ) joint disorder/rheumatoid arthritis/ osteoarthritis/tendonitis
( ) back/neck problems
( ) Fibromyalgia
( ) TMJ
( ) carpal tunnel syndrome
( ) tennis elbow
( ) pregnancy
if yes, how many months? _____

Please explain any condition that you have marked above: _____

_____

_____

Is there anything else about your health history that you think would be useful in helping to plan your massage session? _____

_____

Please Read and Sign Below:

Draping will be used during the session—only the area being worked on will be uncovered. Clients under the age of 17 must be accompanies by a parent or legal guardian during the entire session. Informed written consent must be provided by a parent or legal guardian for any client under the age of 17.

I, _____(print name) understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

Signature of client/legal guardian: _____ Date: _____