client intake form

personal information

name _____ date of birth _____

address _____

city _____ state _____ zip _____

home phone _____ cell phone _____

work phone _____ ext. _____

email _____

occupation _____

referred by _____

physician's name _____ physician's phone _____

massage experience

Have you had a professional massage before? ❒ Yes ❒ No

If yes, what types of massage have you had (swedish, shiatsu, deep tissue, etc.)?

How long have you been receiving massage therapy? _____

Frequency of massages? _____

What are your goals for treatment? _____

health history

Musculoskeletal
- ❒ Bone or joint disease
- ❒ Tendonitis/Bursitis
- ❒ Arthritis/Gout
- ❒ Jaw Pain (TMJ)
- ❒ Lupus
- ❒ Spinal Problems
- ❒ Migraines/Headaches
- ❒ Osteoporosis

Circulatory
- ❒ Heart Condition
- ❒ Phlebitis/Varicose Veins
- ❒ Blood Clots
- ❒ High/Low Blood Pressure
- ❒ Lymphedema
- ❒ Thrombosis/Embolism

Respiratory
- ❒ Breathing Difficulty/Asthma
- ❒ Emphysema
- ❒ Allergies, specify: _____
- ❒ Sinus Problems

Nervous System
- ❒ Shingles
- ❒ Numbness/Tingling
- ❒ Pinched Nerve
- ❒ Chronic Pain
- ❒ Paralysis
- ❒ Multiple Sclerosis
- ❒ Parkinson's Disease

Reproductive
- ❒ Pregnant, stage _____
- ❒ Ovarian/Menstrual Problems
- ❒ Prostate

Skin
- ❒ Allergies, specify: _____
- ❒ Rashes
- ❒ Cosmetic Surgery
- ❒ Athlete's Foot
- ❒ Herpes/Cold Sores

Digestive
- ❒ Irritable Bowel Syndrome
- ❒ Bladder/Kidney Ailment
- ❒ Colitis
- ❒ Crohn's Disease
- ❒ Ulcers

Psychological
- ❒ Anxiety/Stress Syndrome
- ❒ Depression

Other
- ❒ Cancer/Tumors
- ❒ Diabetes
- ❒ Drug/Alcohol/Tobacco Use
- ❒ Contact Lenses
- ❒ Dentures
- ❒ Hearing Aids

Any other medical condition(s) not listed: _____

Please explain any of the conditions that you have marked above :

current health

Reason for initial visit _____

Height & weight _____

Do you exercise regularly and/or participate in any sports? ❒ Y ❒ N
If yes, what kind of exercise/sports? _____

Do you perform any repetitive movement in your work, sports or hobby? ❒ Y ❒ N
If yes, describe _____

Do you sit for long hours at a workstation, computer or driving? ❒ Y ❒ N
If yes, describe _____

Do you experience stress in your work, family, or other aspect of your life? ❒ Y ❒ N
If yes, describe _____

Are you experiencing tension, stiffness, discomfort or pain? ❒ Y ❒ N
If yes, describe _____

Have you recently had an injury, surgery, or areas of inflammation? ❒ Y ❒ N
If yes, describe _____

Do you have sensitive skin? ❒ Y ❒ N

Do you have any allergies to oils, lotions or ointments? ❒ Y ❒ N
If yes, please explain _____

List any medications you are currently taking _____

List any known allergies _____

client agreement & health release form

client agreement

It is my choice to receive massage therapy. I am aware of the benefits and risks of massage and give my consent for massage. I understand that there is no implied or stated guarantee of success of effectiveness of individual techniques or series of appointments. I acknowledge that massage therapy is not a substitute for medical care, medical examination or diagnosis. I have stated all medical conditions that I am aware of and will inform my practitioner of any changes in my health status.

Reset Form

signature date