

New Client Intake Form

Having a complete medical history is important for my assessment process and in the determination of your customized massage plan. All information on this intake is completely confidential.

Please print clearly.

Name: _____ Date: _____
Street address: _____
City/St./Zip: _____ Occupation: _____
Phone: _____ E-mail: _____
Emergency Contact: _____ Phone: _____
How do you prefer to be contacted? Phone ___ Email ___ Birth Date: _____

How did you learn of my practice? _____
Have you ever had therapeutic massage/bodywork? N ___ Y ___ Type: _____
Why are you seeking massage/bodywork? _____

Circle the areas you'd like included in your session:

Face* Scalp Neck Upper/Lower Arms Hands Pecs (upper chest) Abdomen*
Upper/Lower Back Glutes (through drape only) Upper/Lower Legs Feet

*Areas not normally included in session unless specifically requested. Some areas may be omitted from session due to time.

Are you currently seeing a medical practitioner? N ___ Y ___ If yes, please explain: _____

MEDICAL HISTORY (Please check all that apply.)

Allergies Asthma Diabetes High/Low Blood Pressure
 Migraines Arthritis/Osteoporosis Pregnant/TTC Varicose veins

List current medications, including aspirin, ibuprofen, herbs, supplements, etc.: _____

Accidents/Injuries/Illnesses: _____

Surgeries: _____

Permission to Contact Physician: Do I have your permission to consult your physician or other health care provider if during the course of your treatment here there are questions or concerns? No ___ or Yes ___ (with your prior notification/discussion.)

Please read and sign:

It is my choice to receive massage therapy/bodywork. I realize that massage/bodywork is being given for the well-being of my body and mind. This includes stress reduction, relief from muscular tension, spasm or pain, or for increasing circulation and energy flow. I understand that practitioners do not diagnose illness, disease, or any physical or mental disorder; nor do they prescribe medical treatment or pharmaceuticals. I acknowledge that massage/bodywork is not a substitute for medical examination or diagnosis, and that it is recommended that I see a health care provider for that service. I have stated all medical conditions that I am aware of and will update this practitioner of any changes in my health status. I agree to communicate with my practitioner any time I feel my well-being is being compromised. The Therapist reserves the right to refuse services for any reasons of safety. I understand I am responsible for providing 24 hours notice to cancel or reschedule an appointment and if I fail to do so, I will be required to prepay for any subsequent sessions.

Signature: _____ Date: _____

Practitioner: _____ Date: _____