

## CONFIDENTIAL CLIENT INTAKE AND MEDICAL HISTORY FORM

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
e-mail \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Emergency Contact-Phone \_\_\_\_\_ How did you hear about us? \_\_\_\_\_  
Date of Initial Visit \_\_\_/\_\_\_/\_\_\_\_\_

### PREFERENCES

1. What is the primary reason for your visit today?

Relaxation  Pain relief  Sports performance

2. What level of pressure do you prefer?

Light  Medium  Firm

3. Do you have any objections to any of the following methods?

Cupping  Muscle scraping  Stretching  Massage gun  Hot stone  Aromatherapy

### LIFE STYLE

4. Do you perform any repetitive movement in your work, sports, or hobby?

If yes, please describe \_\_\_\_\_

### HEALTH

5. Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort?

If yes, please identify \_\_\_\_\_

6. Do you have any allergies to oils, lotions, or ointments?

If yes, please explain \_\_\_\_\_

7. Is there anything about your health history (*injury or surgery*) that you think would be useful for your massage practitioner to know to plan a safe and effective massage session for you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Please check any condition listed below that applies to you:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Contagious skin condition                                     | <input type="checkbox"/> Open sores or wounds | <input type="checkbox"/> Easy bruising         |
| <input type="checkbox"/> Recent accident or injury                                     | <input type="checkbox"/> Recent fracture      | <input type="checkbox"/> Recent surgery        |
| <input type="checkbox"/> Artificial joint  | <input type="checkbox"/> Sprains/strains      | <input type="checkbox"/> Allergies/sensitivity |
| <input type="checkbox"/> Circulatory disorder  | <input type="checkbox"/> Pregnancy            |  |
| <input type="checkbox"/> Joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis |   |  |

Please explain any condition that you have marked above \_\_\_\_\_

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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 a 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 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 also understand that any sexual innuendoes or advances will result in immediate termination of service and I will be responsible for payment.** 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. I have received a copy of the Massage Therapy Policies and Procedures, in which I have read, understand and have had the opportunity to ask questions.

Signature of client \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_