

Massage and Bodywork Intake Form

Name: _____ Date of Birth: _____

Home Phone: _____ Work: _____ Cell: _____

E-mail address: _____

Address: _____ City: _____ St: _____ Zip: _____

Referred By: _____ Have you ever had a Professional Massage: _____

If so, how often: _____ Do you exercise?: _____ How often?: _____

Please describe what type of exercise: _____

Other daily activities: _____ Occupation: _____

Primary care physician: _____ Chiropractor: _____

How do you Relieve Stress or Pain?: _____

What are the reasons for your visit today?

What are your other health concerns?

Describe any surgeries you have had:

Describe any accidents you have had:

List all conditions monitored by a Health Care Provider:

List any medications that you took today:

Please Note all current and previous conditions

Headache	Y	N	Stiff/Painful Joints	Y	N
Sleep Problems	Y	N	Neck, shoulder or arm pain or numbness	Y	N
Fatigue	Y	N	Low Back, hip or leg pain or numbness	Y	N
Flu or Cold Symptoms in the last 48 hours	Y	N	Sciatica	Y	N
Sinus	Y	N	Depression	Y	N
Allergies to Scents or Lotions	Y	N	Blood Clots	Y	N
Allergies, other	Y	N	Stroke	Y	N
Arthritis	Y	N	Heart Disease	Y	N
Scoliosis	Y	N	High/low blood pressure	Y	N
Broken Bones	Y	N	Poor Circulation	Y	N

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Disc Problems	Y	N	Asthma	Y	N
Spasms/Cramps	Y	N	Thyroid dysfunction	Y	N
TMJ (Jaw Pain)	Y	N	Diabetes	Y	N
Tendonitis/Bursitis	Y	N	Currently Pregnant	Y	N
Spinal problems	Y	N	Malignant Cancer or tumors	Y	N
Varicose Veins	Y	N	Benign Cancer or tumors	Y	N
Osteoporosis	Y	N			
Describe, as needed, any condition indicated above, or other conditions that you feel may be important:					

I have completed this form to the best of my knowledge and will inform the massage therapist of any change to my physical health.

I understand the therapist cannot diagnose illness, disease, or any other medical, physical or emotional disorder, nor perform any spinal manipulations. I am responsible for consulting a qualified physician for any physical ailments I have.

I understand that massage therapy is a therapeutic health aide and is non sexual.

I understand that if the massage therapist starts a session late, they will make it up to me at the end of my session if possible or will reduce my fee accordingly. I understand if I arrive late my session will end at the originally scheduled time so the client following me is not penalized.

I agree to give at least 24 hour notice for a scheduled session that I cannot keep. I am aware that I may be charged the full fee for any missed sessions or for sessions that I do not give 24-hour notice to cancel or reschedule.

Signed: _____

Date: _____