

Client Intake Form

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Student ID: _____

How did you hear about the Massage Program? Flyer Email Friend Name: _____

Have you ever experienced a professional massage/bodywork session? Which Type? _____

Please let us know areas you would like your therapist to focus on: _____

Are there any areas of your body that you DO NOT want massaged? _____

Medical History

Health conditions that I should be aware of: _____

Medications being taken: _____

Please indicate any of the following conditions that you currently have:

- | | | |
|--|--|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Neck / Back Injuries | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Skin Condition | <input type="checkbox"/> Athletes Foot | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Sprains, Strains | <input type="checkbox"/> Pregnant |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Arthritis, Tendonitis | <input type="checkbox"/> Sensitive to touch |
| <input type="checkbox"/> Circulation Problems | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Wear Contact Lenses |
| <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Had surgery |
| <input type="checkbox"/> Numbness / Stabbing Pains | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Broken bones in the past 2 years |

Explain any conditions you have marked above:

Please take a moment to carefully read the following information and sign where indicated.

If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided. I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork 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/bodywork practitioners 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/bodywork 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 practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. Since the nature of a massage requires the removal of clothing, it is understood that a respectful and very modest approach will be maintained at all times. The massage therapist will insure that the client feels comfortable with all techniques and it is mutually understood that comments, suggestive remarks or advances made by either the client or the therapist are strictly prohibited and will not be tolerated. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for full payment of the scheduled appointment.

Client Signature: _____ Date: _____