Client Intake Form – Massage & Bodywork

Personal Information:

Name_____ Phone (Day) _____ Phone (Eve) _____

Address_____City/Province/Postal_____

Email_____ Date of Birth_____ Occupation_____

Emergency Contact Phone_____

The following information will be used to help plan safe and effective massage sessions. Please answer the questions to the best of your knowledge.

1. Have you had a professional massage before? Yes No

If yes, how often do you receive massage treatments? _____

2. Do you have any difficulty lying on your front, back, or side? Yes No

If yes, please explain_____

3. Do you have any allergies to oils, lotions, or ointments? Yes No

If yes, please explain_____

4. Do you have sensitive skin? Yes No

5. Do you sit for long hours at a workstation, computer, or driving? Yes No

If yes, please describe_____

6. Do you perform any repetitive movement in your work, sports, or hobby? Yes No

If yes, please describe_____

7. Do you experience stress in your work, family, or other aspect of your life? Yes No

If yes, how do you think it has affected your health? _____

Muscle tension ( ) anxiety ( ) insomnia ( ) irritability ( ) other

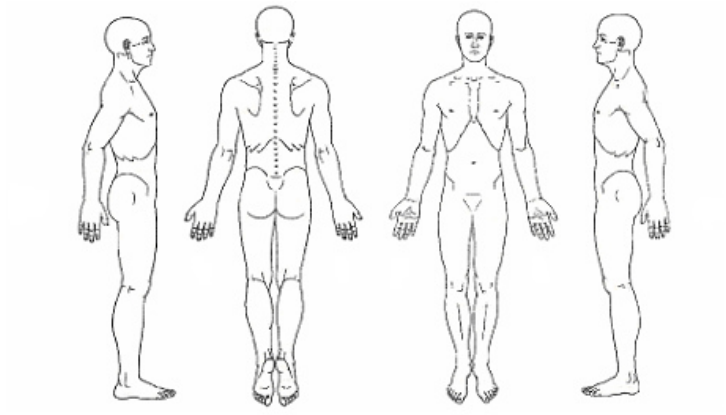
8. Is there a particular area of the body where you are experiencing tension, stiffness, pain or discomfort? Yes No

If yes, please identify_____

9. Do you have any particular goals in mind for this massage session? Yes No

If yes, please explain_____

Circle any specific areas you would like the practitioner to concentrate on during the session:



Medical History

In order to plan a massage session that is safe and effective,
I need some general information about your medical history.

11. Are you currently under medical supervision? Yes No

If yes, please explain _____

12. Do you see a chiropractor? Yes No If yes, how often? _____

13. Are you currently taking any medication? Yes No

If yes, please list _____

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

( ) contagious skin condition	( ) open sores or wounds
( ) easy bruising	( ) recent accident or injury
( ) recent fracture	( ) recent surgery
( ) artificial joint	( ) sprains/strains
( ) current fever	( ) swollen glands
( ) allergies/sensitivity	( ) heart condition
( ) high or low blood pressure	( ) circulatory disorder
( ) varicose veins	( ) atherosclerosis
( ) phlebitis	( ) deep vein thrombosis/blood clots
( ) osteoporosis	( ) epilepsy
( ) headaches/migraines	( ) cancer
( ) diabetes	( ) decreased sensation
( ) back/neck problems	( ) fibromyalgia
( ) TMJ	( ) carpal tunnel syndrome
( ) tennis elbow	( ) pregnancy If yes, how many months?

( ) joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis

Please explain any condition that you have marked above _____

15. Is there anything else about your health history that you think would be useful for your practitioner to know to plan a safe and effective massage session for you? _____

Draping will be used during the session – only the area being worked on will be uncovered.

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 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. 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 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.

Please sign:

Signature _____ Date _____