

Client Health Intake (Massage Therapy)

Name: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____ Date Of Birth _____

Telephone: (home) _____ (work) _____

E-mail: _____ Referred by: _____

Confidential Health History: *Please read the following questions and answer them with an X.*

Have you ever had a professional Massage? Yes___ No___

Do you suffer from back pain? Location _____ Yes___ No___

Do you have any spinal conditions (scoliosis, lordosis, vertebral fusions)? Yes___ No___

Do you suffer from arthritis? Location _____ Yes___ No___

Do you experience frequent headaches? Yes___ No___

Do you have tension or soreness in a specific area? _____ Yes___ No___

Have you ever had surgery? _____ Yes___ No___

Are you pregnant or nursing? (Females Only) Yes___ No___

Are you taking any medications? List _____ Yes___ No___

Do you have any cardiac or circulatory problems? Yes___ No___

Do you have any allergies, rashes, skin conditions or fungal infections? Yes___ No___

Are you sensitive/allergic to any oils or lotions (especially nut oils) ? Yes___ No___

Are you being treated for cancer? Yes___ No___

Do you have varicose veins? Location _____ Yes___ No___

Do you have high/low blood pressure? Yes___ No___

Do you have any other medical conditions or current injuries I should be aware of (including cuts, scrapes, bruises, lesions)? Yes___ No___

I understand that 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 this session, I will immediately inform the therapist so that the pressure and / or strokes may be adjusted to my level of comfort. 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 forget to do so. 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 payment of the scheduled appointment.

Client
Signature _____ Date: _____