

Massage and Bodywork Intake Form

Name _____ Date _____ Date of Birth _____

Address _____ Email _____

Occupation _____ Referred By _____

Emergency contact Name and Phone _____

Have you ever received a professional massage? () Yes () No Date of Last Massage _____

What are your focus areas or areas of discomfort? _____

Do you perform any repetitive movement in your work, sports or hobby? Please explain _____

Please circle therapeutic massage is NOT ok in these areas: Face Scalp Hands Glutes Pectorals

Are you currently taking Blood thinners or muscle relaxers? If yes, list _____

Do you see a chiropractor? () Y () N How often? _____

Injuries / accidents / Surgeries / illness still affecting you

() Tendonitis/Bursitis if yes, where?

() Arthritis if yes, where?

() Jaw pain (TMJ)

() Blood clots

() High/ Low Blood pressure

() Allergies Specify

() Pregnant if yes, what trimester?

() Fibromyalgia

() Migraines / Headaches How often?

() Anxiety

() Depression

Is there anything else in your health history that you think would be useful for your massage therapist to know so that a safe and effective massage session can be customized for you?

Desired pressure: LIGHT FIRM DEEP

I have completed this form to the best of my knowledge and will inform my therapist of any changes to my health. I understand that a massage therapist cannot diagnose illness, disease or any other medical, physical or emotional disorder nor perform any spinal manipulations. I understand that massage therapy is a therapeutic health aide and is non-sexual. Modest draping will be used during the session and only the area being worked on will be uncovered. I understand that if the massage therapist starts a session late she will make up all time. I understand that if I arrive late, my session will end at the originally scheduled time. I agree to adhere to the 24 hour cancellation notice.

Signed _____ Date _____