Initial Client Intake Form

Date:

Name: Date of Birth: Phone:

Address: Email:

Emergency Contact: Emergency Phone:

Received Massage Therapy Before: Y/N Date of Last Massage: Preferred Pressure: Light, Moderate, Firm

Reasons for Seeking Massage Therapy Today:

Areas of Focus: Areas to Avoid:

Have you ever experienced:

______ AIDS/HIV +	______ Allergies to___________	______ Arthritis (Rheumatoid or Osteo)	______ Hemophilia
______ Broken Bones ___________	______ Bursitis	______ Cancer	______ Hernia
______ Carpal Tunnel Syndrome	______ Chronic Fatigue Syndrome	______ Circulation Problems	______ Heart Attack or Heart Ailments
______ Deep Vein Thrombosis	______ Diabetes	______ Disc Problems	______ Multiple Sclerosis
______ Epilepsy/Seizures	______ Scoliosis	______ Tumors	______ Fibromyalgia
______ Phlebitis	______ Psoriasis	______ Varicose Veins	______ Whiplash
______ Hyper/Hypothyroid	______ Other Relevent Condition		

Describe As Needed:

Are you currently experiencing:

______ Anemia	______ Back Pain	______ Digestive Problems	______ Eczema
______ Headaches	______ High Blood Pressure	______ Insomnia	______ Low Blood Pressure
______ Migraines	______ Muscle Spasms	______ Numbness/Tingling	______ Rashes, ringworm, athlete's foot, etc .
______ Inflammation	______ Excess Stress	______ Skin Conditions/Allergies	______ Sciatica
______ Strains/Sprains	______ Swollen feet/legs	______ Tendonitis	______ Thoracic Outlet Syndrome
______ Flu or Cold	______ Fever	______ Infection	______ Contagious Disease
______ Menstrual Cramps	______ Severe PMS	______ Pregnancy, Trimester 1, 2, 3	______ Perimenopause/Menopause Symptoms

Describe As Needed:

Other Notes:

Serious Accidents, Injuries or Surgeries, including year:

Serious Illnesses/diseases, including year:

Are you receiving medical/chiropractic care: Y/N If yes, please describe:

Are you taking any medication? Y/N If yes, please describe:

Please read and sign the following:

I acknowledge that the above information is complete and accurate to the best of my knowledge.
I understand that if 36 hours cancellation notice is not given, payment will be expected.
Payment is expected at time of service.

____ __________________________________

Client Signature Date