

# Intake Form

Name \_\_\_\_\_ Birth date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Cell phone \_\_\_\_\_ email \_\_\_\_\_  
 Occupation \_\_\_\_\_ Referred by \_\_\_\_\_  
 Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Medical history**

*Mark all that apply:*

- |                               |                            |
|-------------------------------|----------------------------|
| Skin conditions/sensitivities | Blood clots/varicose veins |
| Contagious diseases           | Blood pressure             |
| Autoimmune                    | Headaches/dizziness        |
| Injuries                      | Arthritis/bursitis         |
| Surgeries                     | Edema                      |
| Artificial joints/pins        | Back/spine conditions      |
| Pregnant                      | Teeth clenching/grinding   |
| Heart/circulatory             | TMJ issues                 |
| Kidney problems               | Foot problems              |
| Digestive/elimination/hernia  | Fractures                  |
| Diabetes/hypoglycemia         | Nerve issues               |
| Bruise easily                 | Seizure disorder           |
| Cancer                        | Osteoporosis               |
|                               | Other _____                |

List any medications you are taking \_\_\_\_\_

Briefly describe your health/exercise habits \_\_\_\_\_

Are you open to changing any of your habits to achieve a greater level of health? \_\_\_\_\_

Have you ever had a massage before? \_\_\_\_\_

Are there any concerns, or anything you need to tell me to make this as positive an experience as possible? \_\_\_\_\_

I understand that certain medical conditions or symptoms may contraindicate massage/bodywork. In some cases a referral from my primary care provider may be required before services can be provided. By signing below, I affirm that I have disclosed all my known medical conditions and answered all questions thoroughly and honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that my failure to do so releases the therapist from any liability. I further understand that massage/bodywork acts on the tissues of the body and cannot substitute for the examination, diagnosis or treatment by a medical doctor, chiropractor, mental health professional, or other qualified practitioner. Finally, I understand that I am responsible for communicating to the therapist any adjustments to pressure, technique or body region necessary to maintain my level of comfort. I understand that, although the therapist will do her best to avoid it, deep tissue massage can result in muscle soreness that can last for several days, and on rare occasions, minor bruising. This is a professional massage setting; 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.

Signed \_\_\_\_\_ Date \_\_\_\_\_