

Intake Form

Name _____ Birth date _____ Kaiser ID _____
 Address _____ Apt _____ City _____ State _____ Zip _____
 Cell phone _____ email _____
 Occupation _____ Referred by _____
 Emergency contact _____ Relationship _____ Phone _____

Medical history

Mark all that apply:

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

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 _____