



Massage Intake Form – CONFIDENTIAL INFORMATION

Welcome we would like to make your appointment as pleasant and comfortable as possible. If at any time you have questions regarding your session, please ask.

**General & Medical Information:**

Please take a moment to carefully read the following information and sign where indicated. Specific medical conditions or symptoms may contraindicate massage/bodywork or require changes to treatment plan to ensure your safety. A referral from your primary care provider may be required prior to service being provided.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student \_\_\_ Employee \_\_\_ S# \_\_\_\_\_ Area of Study \_\_\_\_\_

Have you ever received massage therapy? \_\_\_ Yes \_\_\_ No

Type of massage experienced (Swedish, shiatsu, deep tissue, etc.) \_\_\_\_\_

Are you currently taking any medications? \_\_\_ Yes \_\_\_ No

If yes, please list name and reason for medications \_\_\_\_\_

Please review this list and check those conditions that have affected your health either recently or in the past. Place a check mark next to the condition.

- |  |  |
|--|--|
| <input type="checkbox"/> arthritis                                 | <input type="checkbox"/> depression, panic disorder, other psych condition |
| <input type="checkbox"/> diabetes                                  | <input type="checkbox"/> diverticulitis                                    |
| <input type="checkbox"/> blood clots                               | <input type="checkbox"/> headaches   |
| <input type="checkbox"/> broken/dislocated bones                   | <input type="checkbox"/> heart conditions                                  |
| <input type="checkbox"/> bruise easily                             | <input type="checkbox"/> back problems                                     |
| <input type="checkbox"/> cancer                                    | <input type="checkbox"/> high blood pressure                               |
| <input type="checkbox"/> chronic pain                              | <input type="checkbox"/> insomnia  |
| <input type="checkbox"/> auto-immune condition*                    | <input type="checkbox"/> muscle strain/sprain                              |
| <input type="checkbox"/> skin condition (fungus, psoriasis, warts) | <input type="checkbox"/> pregnancy   |
| <input type="checkbox"/> stroke                                    | <input type="checkbox"/> scoliosis   |
| <input type="checkbox"/> surgery                                   | <input type="checkbox"/> seizures  |
| <input type="checkbox"/> TMJ disorder                              | <input type="checkbox"/> whiplash  |

(\*AIDS, fibromyalgia, chronic fatigue, lupus, etc.)

If any of the above needs to be detailed or if there is anything else to share,

Please do so: \_\_\_\_\_

Do you have any of the following today: \_\_\_ skin rash \_\_\_ cold/flu \_\_\_ open cuts \_\_\_ severe pain

\_\_\_ anything contagious \_\_\_ injuries/bruises

Do you have any allergies to: \_\_\_ medications \_\_\_ foods (nuts, etc.) \_\_\_ reactions to skin care products

\_\_\_ environmental allergens (dust, pollen, fragrances)

If any of the above are checked, please give details: \_\_\_\_\_

Potential clients should be aware that our massage therapist is a trained professional. At all times the client will adhere to State and ethical compliant rules on draping and etiquette. Under professional guidelines our massage therapist employs full sheet draping to protect client modesty.

**Initial here that you have read and understand the above statement.** \_\_\_\_\_