

Intake Form

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male or Female \_\_\_\_\_ Pregnant: Yes or No

Occupation: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Please list any surgeries in past 3 years: \_\_\_\_\_

Please list any aches or pains you currently have: \_\_\_\_\_

Please list any medications you are currently taking and what they are for: \_\_\_\_\_

Mark "X" if you have a history of any of the following? Please explain in space below.

- Heart disease       Cancer       HIV, Aids       Hepatitis
- Epilepsy, Seizures       Diabetes       Broken Bones       Asthma
- Varicose Veins       Numbness       Joint Aches       Severe Pain
- Phlebitis, Blood Clots       Inflammation       Allergies       Skin Rash
- Contagious Disease       Osteoporosis       Disc Problems       Fusions
- Sensitivity to Touch or Pressure       Nervous Tension       Abdominal Pain
- Wear Contacts or Dentures       Wear Prosthesis       Neck or Spinal Injury
- Arthritis, Bursitis, Gout       Whiplash       Sprains, Strains
- High Blood Pressure       Recurring Pain       Joint Swelling
- Joint Replacement, Pins, Wires       Decreased Range of Motion
- Headaches, Migraines       Anything else not listed

Please explain any ailments from the list above: \_\_\_\_\_

\_\_\_\_\_

I understand that I am receiving a therapeutic massage and that any changes in my health need to be reported to the therapist. I understand that some ailments are contraindicated for massage and may require a doctors release before services can be rendered. I understand that the massage therapist does not diagnose illness and nothing said in the course of the session should be construed as such. I also understand that any inappropriate remarks, sexual innuendos or other misconduct will result in immediate termination of the session without a refund.

I understand that if I am late to my session that the session will still end at the scheduled time at full price or it can be rescheduled. Any scheduled appointment needs to be cancelled within 24 hours. If the therapist travels to your location and you are not there you will be billed a \$25 service charge. There will also be a \$25 charge for any returned checks.

Please inform the therapist immediately if you experience any pain or discomfort so that the treatment or pressure can be adjusted to your comfort level. If at any time you do not feel comfortable or if you choose to discontinue the massage, you may inform the therapist and he/she will discontinue the session immediately.

I have read the above information and have stated all my previous and current known medical conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_

Referred by: \_\_\_\_\_