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: _____