

Patient Intake Form- Therapeutic and Relaxing Massage

Personal Information: (Please print)

Name _____ Address: _____ Apt# _____

City: _____ State: _____ Zip: _____

Marital Status: S M W D Spouse's name: _____

Date of Birth: ___/___/_____ Phone _____ Email _____

Type of Employment _____ Referred by _____

Emergency Contact _____ Phone _____

The following information will be used to help plan a safe and effective massage session. Please answer the questions to the best of your knowledge.

Have you had a professional massage before? _____ How often? _____

Do you have any difficulty lying on your front, back or side? Yes or No

If yes, please explain _____

Are there any areas you do NOT like massaged? _____

Do you have sensitive skin? Yes or No

Medical History

To plan a massage session that is safe and effective I need some general information about your medical history.

Are you currently under medical supervision? Yes or No

If yes, please explain _____

Name of Physician _____ Chiropractor _____

Injuries/accidents/illnesses still affecting you _____

Surgeries you have had and dates _____

Are you taking any medications/ supplements _____

Have you ever had seizures? Yes or NO

Have you ever been tested for a communicable disease? Yes or No If yes, What were the results? _____

Please Circle any condition listed below that applies to you:

Bone or joint disease

Heart condition

Rashes

Tendonitis/ Bursitis

Phlebitis/ Varicose Veins

Athletes foot

Arthritis/ Gout

Blood clots

Herpes/ Cold sores

Jaw pain (TMJ)

High/ Low blood pressure

Impetigo

Parkinson's Disease

Thrombosis/ Embolism

Psoriasis

Spinal problems

Asthma/ Emphysema

Cerebral Palsy

Diabetes

Depression

Pinched Nerve

Multiple Sclerosis

Migraines/ Headaches

HIV/ Aids

Numbness/ tingling

Irritable bowel syndrome

Ulcers

Bladder/ kidney ailment

Cancer/ tumors

Sleep disorder

Eating disorder

Prostate Ailment

Shingles/ Herpes

Osteoporosis

Current Fever

Tennis Elbow

Carpal Tunnel Syndrome

foot pain/ Plantar Fasciitis

Epilepsy

Whiplash

Pregnancy (month)_____

Flu/ Cold

Anxiety/ stress disorder

PMS/ menstrual problems

Scoliosis

Hepatitis

tuberculosis

Liver ailment

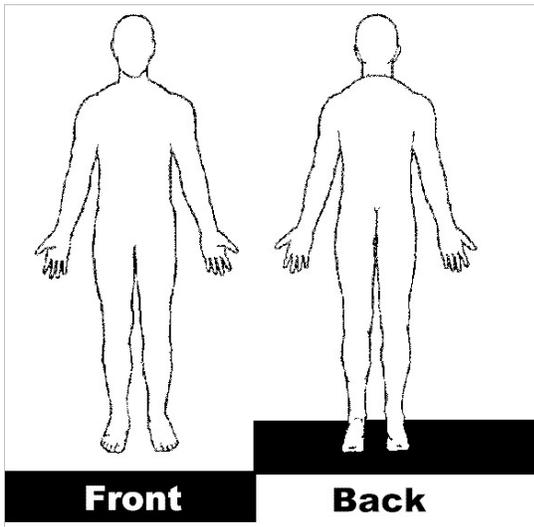
Mononucleosis

Fibromyalgia

Sciatic pain

Please mark any areas of discomfort

Other conditions not listed _____



_____.

Please explain any condition you have marked or if you have any additional remarks/ comments:

_____.

Draping will be used during the session-only the area being worked on will be uncovered. The massage is for therapeutic purposes only. No sexual innuendos or behavior will be tolerated.

10 minutes of the appointment will be needed for consultation and dressing.

I, _____ (Print name) understand that the massage I receive is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, and improve circulation. If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the pressure and/ or strokes may be adjusted to my level of comfort. I further understand that the massage should not be construed as a substitute for medical examination, diagnosis or treatment and I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment I am aware of. I understand that massage therapists are not qualified to perform spinal or skeletal adjustment, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the session should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part if I fail to do so.

Signature of Patient _____ Date _____

Massage Cancellation Policy

Your appointment time has been reserved for you. If you are unable to keep your appointment it is required that you give us a 24-hour notice to cancel your appointment. Our massage therapist can only massage a certain number of people each day, and we turn many people down since their schedules are full. Last minute cancellations and missed appointments leave those time slots vacant, but a 24-hour notice would allow us to fill that vacancy.

If you do not provide a 24hr notice; or you do not show for your massage appointment, you will be responsible for the cost of the massage, and all future massages will require prepayment.

Thank you for your understanding we really do appreciate it!

I have read and understand the policy above.

Name(Printed) _____

Date of Birth: _____

Signed: _____

Date: _____

Witness: _____