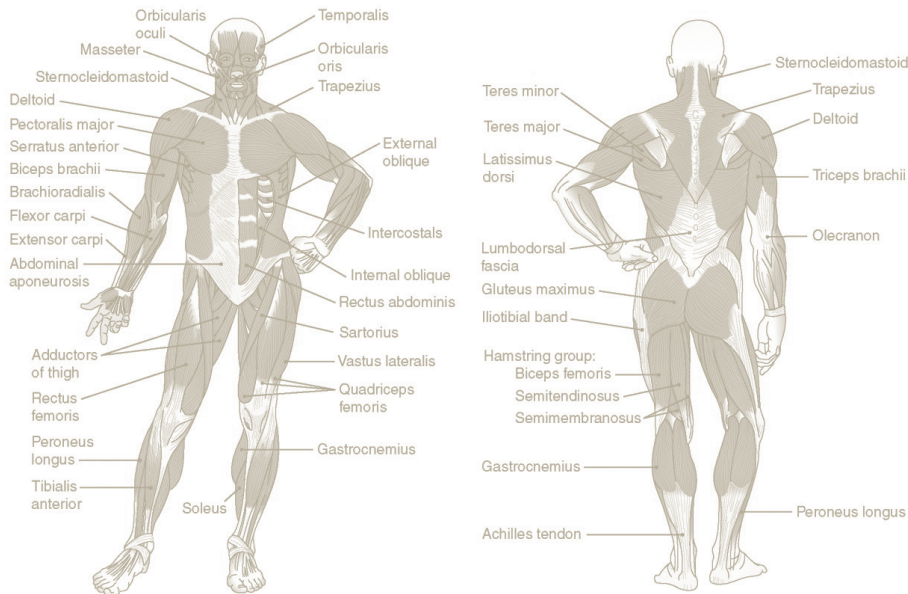


INTAKE FORM

Name: _____
DOB: _____ Phone # _____
Address: _____
Email: _____
Referred by: _____
Occupation/Daily Activity: _____
Emergency Contact: _____



Please mark "x" around areas of discomfort, pain, stress areas or radiating pain:



Reason for Massage:

Pressure Preference:

- ☐ Light/Swedish/Cranio
☐ Med/Combo
☐ Firm/Deep Tissue

Type of Pain:

- ☐ Sharp ☐ Stabbing ☐ Numbness
☐ Dull Ache ☐ Joint ☐ Spine

Pain Level: 1 2 3 4 5 6 7 8 9 10

Last massage: _____

Describe anything you loved/hated in previous massage: _____

During your session today, are you interested in:

- ☐ Posture and/or gait analysis
☐ Tailored Stretch Techniques
☐ Strengthening Exercises

- ☐ Do you have diabetes?
☐ Do you experience frequent headaches?
☐ Are you pregnant?
☐ Do you suffer from arthritis?
☐ Do you have high blood pressure?
☐ Are you taking high blood pressure medication?
☐ Do you suffer from epilepsy or seizures?
☐ Do you suffer from joint swelling?
☐ Do you have any contagious diseases?
☐ Do you have osteoporosis?
- ☐ Do you have any allergies?
☐ Do you bruise easily?
☐ Any broken bones in the past two years?
☐ Do you have cardiac or circulatory problems?
☐ Do you have numbness or stabbing pains?
☐ Are you sensitive to touch or pressure in any area?
☐ Have you ever had surgery?
☐ Other medical conditions or are you taking any medications I should know about?

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician chiropractor or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness and anything said in the session should not be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answer all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioners part should I fail to do so. I also understand that any illicit or sexual suggestive remarks or advances made by me will result in immediate termination of the session and I will liable for payment of the scheduled appointment.

Client Signature:

Date:

Practitioner Signature:

Date:

Consent to Treatment of a Minor: By my signature below, I hereby authorize dependent as they deem necessary.

to administer massage, bodywork or somatic therapy techniques to my child or

Signature of Parent or Guardian:

Date: