

## Ajay Rao Massage Therapy Intake Form

Name and Address	Phone numbers and email
	email
Date	Emergency Contact

Difficulty lying face up, down or on side?	
Any areas you don't want touched?	
Do you get cold or hot easily?	
Do you sit for long hours?	
Do you exercise/move regularly?	
Are stress or sleep issues?	

<b>Goals for bodywork</b>
<b>Medications</b> and their purposes. If you take a lot of meds or don't know what the names are you can summarize or categorize.
<b>Prominent diseases, disorders, major surgeries, joint replacements, injuries, hearing aids, insulin pumps or allergies</b> Please be redundant about these below and on next page.
<b>Nervous system:</b> shingles, pinched nerves, paralysis, numbness, tingling, chronic pain, MS, CFS etc.

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**Skeletal:** scoliosis (please describe), spine/disc issues such as stenosis, arthritis, fusions, rods, screws. Joint issues like jaw pain, arthritis (what kind, where), bone spurs, or other joint or bone diseases, artificial joints

**Skin:** allergies and sensitivities, diseases, rashes, infections, sores, surgeries, etc.

**Circulatory:** heart disease, high/low blood pressure, blood clots, varicose veins, lymphedema, etc.

**Muscle and connective tissue:** connective tissue disease, fibromyalgia, etc.

**Respiratory:** allergies, asthma, sinus, lung diseases, injuries, scar tissue, etc.

**Digestive:** ulcers, bloating, colitis, IBS, Crohn's disease, etc.

**Psychological:** anxiety, depression, panic disorder, etc.

**Endocrine, organ, glandular or other issues?**

## Client agreement

It is my choice to receive bodywork. I am aware of the benefits and risks of bodywork and give my consent for bodywork. I understand that there is no implied or stated guarantee of success or effectiveness of individual techniques or series of appointments. I acknowledge that bodywork is not a substitute for medical care, medical examination or diagnosis. I have stated all medical conditions that I am aware of and will inform my massage therapist of any changes in my health status. I agree to communicate with my massage therapist any time I feel my well-being is being compromised. I expect my massage therapist to provide safe and effective treatment to the best of his skills and knowledge.

Printed name	
Signature	
Date	