Massage and Bodywork Intake Form

Name_____ Date_____
Day Phone_____ Evening Phone_____
Email_____ Date of Birth_____
Address_____
Occupation_____
Emergency Contact and Phone_____
Referred By_____

Have you ever received a professional massage_____ Date of last massage_____
What result do you want from your massage sessions?_____
_____
List any exercise activity and frequency _____
_____
Are you currently under the care of a health care practitioner? _____
If yes, specify purpose: _____
List current medications and purpose: _____
_____
Injuries/accidents/illnesses still affecting you: _____
_____
Surgeries: _____
Do you have or have you had any of the following?

Musculoskeletal
___Bone or joint disease
___Tendonitis/Bursitis
___Arthritis/Gout
___Jaw Pain/TMJ
___Spinal Problems
___Lupus
___ Other:_____
_____

Respiratory
___ Breathing difficulty/Asthma
___ Emphysema
___Allergies specify_____
___ Sinus Problems
___Other: _____

Nervous System
___ Shingles
___ Numbness/ tingling
___ Pinched Nerve
___ Other: _____

Reproductive
___ Pregnant: Stage _____

Circulatory
___ Heart Condition
___ Phlebitis/Varicose Veins
___ Blood Clots
___ High/ Low Blood Pressure
___ Lymphedema
___ Thrombosis/ Embolism
___ Other:

Skin
___ Allergies specify:_____
___ Rashes
___ Athletes foot
___ Herpes/ cold sores
___ Other: _____

Digestive
___ Irritable Bowel Syndrome
___ Ulcers
___ Other: _____

Other
___Cancer/ Tumors

___ Ovarian/ menstrual problems
___ Prostate
___ Other: _____
___ Additional Client Remarks/ comments
_____
_____
_____
_____
_____
_____

___ Bladder/ Kidney ailment
___ Diabetes
___ Drug/ alcohol/ caffeine/ tobacco use
___ Chronic Fatigue
___ Chronic Pain
___Sleep Disorders
___ Migraines/ Headaches
___ Anxiety/ Stress syndrome
___ Depression
___ Contact lenses

I have completed this form to the best of knowledge and will inform Leah Grossman of any change in my physical health.
I understand a massage therapist can not diagnose illness, disease, or any other medical, physical, or emotional disorder, nor perform any spinal manipulations. I am responsible for consulting a qualified physician for any physical ailments that I have.
I understand that massage therapy is a therapeutic health aide and is non-sexual.
I understand that if I arrive late, my session will end at the originally scheduled time so the client following me is not penalized.
I agree to give 24-hour notice for a scheduled session that I can not keep. I am aware that I may be charged the full fee for any missed sessions or for sessions that I do not give a 24-hour notice to cancel or reschedule.

Signed _____ Date _____