Confidential Client Intake Form

Name: _____ **Phone - Home:** _____

Birth Date: ___/___/_____ **Work:** _____

Address: _____ **Email:** _____

_____

Emergency Contact: _____ **Phone:** _____

What hobbies, sports or other activities do you regularly participate in? How often?_____

_____

Have you ever received a therapeutic massage before? If yes, when? And what kind of massage was it? _____

What is your primary reason for this appointment?_____

_____

Is a physician, chiropractor, or other health professional currently treating you? If yes, for what condition(s)? _____

_____

Are you currently taking any medication? If so, please describe: _____

_____

Are you pregnant? If so, what is your projected due date? _____

Do you have any other medical condition that I should be aware of? If yes, please describe:_____

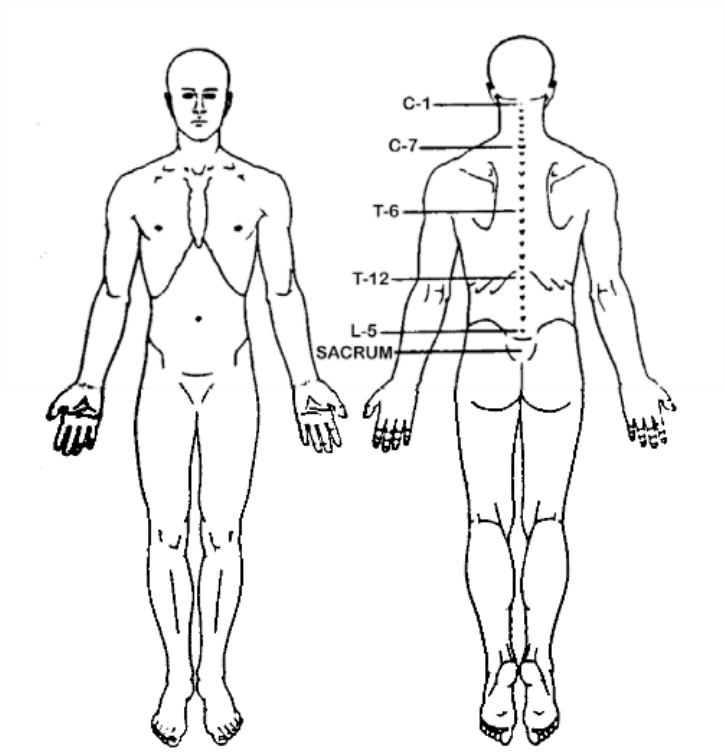
_____

_____

Do you have a history of the following? (Please check all that apply)

- ☐ Limited range of motion
- ☐ Major accident
- ☐ Whiplash
- ☐ Surgery
- ☐ Sprains or strains
- ☐ Broken bones
- ☐ Disk problems
- ☐ Numbness or tingling
- ☐ Abdominal Pain
- ☐ Stroke
- ☐ High / Low blood pressure
- ☐ Heart attack
- ☐ Seizures
- ☐ Arthritis or Gout
- ☐ Nerve degeneration
- ☐ Cancer or tumors
- ☐ Diabetes
- ☐ Multiple sclerosis
- ☐ Ulcer
- ☐ Colitis
- ☐ Fibromyalgia
- ☐ HIV
- ☐ Nerve degeneration
- ☐ Headaches
- ☐ TMJ
- ☐ Varicose veins
- ☐ Allergies to oils or perfumes
- ☐ Other: _____

Please use the picture below to note any areas where you are feeling any bodily pain or discomfort:



Waiver of Liability

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation, stress reduction, chronic pain, and relief of muscle tension. If I experience any pain or discomfort during any 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 massage/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.

I understand that massage therapists/bodyworkers are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session(s) given should be construed as such.

Because massage/bodywork should not be administered 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 should I forget to do so.

Please give at least 24 hours notice if you need to cancel an appointment. If you must cancel in less than 24 hours of your appointment you may be held responsible for the full cost of your scheduled session.

Client's Signature _____ **Date** _____

Therapist's Signature _____ **Date** _____