

# CLIENT INTAKE FORM

NAME: \_\_\_\_\_ MALE  FEMALE  DATE: \_\_\_/\_\_\_/\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ DOB: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

FREQUENT ACTIVITIES (hobbies, sports) \_\_\_\_\_

PREVIOUS INJURIES: \_\_\_\_\_

PREVIOUS SURGERIES: \_\_\_\_\_

PLEASE EXPLAIN CURRENT PAIN, IF ANY: \_\_\_\_\_

ARE YOU CURRENTLY UNDER THE CARE OF A HEALTH PRACTITIONER FOR:

<input type="checkbox"/> high/low blood pressure	<input type="checkbox"/> allergies/skin sensitivity	<input type="checkbox"/> arthritis, tendonitis
<input type="checkbox"/> heart/circulation problems	<input type="checkbox"/> easy bruising	<input type="checkbox"/> strains, sprains
<input type="checkbox"/> blood clots	<input type="checkbox"/> abnormal skin condition	<input type="checkbox"/> diabetes
<input type="checkbox"/> neck/back injuries	<input type="checkbox"/> varicose veins	<input type="checkbox"/> cancer
<input type="checkbox"/> herniated disk	<input type="checkbox"/> MS	<input type="checkbox"/> headaches
<input type="checkbox"/> recent injuries	<input type="checkbox"/> numbness	<input type="checkbox"/> dizziness
<input type="checkbox"/> major accident	<input type="checkbox"/> fibromyalgia	<input type="checkbox"/> <b>pregnancy</b>

EXPLAIN: \_\_\_\_\_

PLEASE LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING:

Desired Pressure     Light     Medium     Deep

I understand that a massage therapist does not diagnose illnesses, disease or any other physical or mental disorder. A massage therapist does not prescribe medical treatment or pharmaceuticals, nor do they perform spinal manipulations. It has been made very clear to me that this massage therapist is not a substitute for medical examinations and/or diagnosis. I have stated all my known medical conditions, because a massage therapist must be aware of existing physical conditions, and take it upon myself to keep this massage therapist updated on my physical health.

CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_