MASSAGE INTAKE FORM

Name: _____ **DOB:** _____ **Date:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____ **Occupation:** _____

Emergency contact: _____ **Phone:** _____

****Please answer the questions below.**

How did you learn about us? _____

Have you received massage therapy or bodywork before? ☐ **Yes** ☐ **No** **If yes what kind:** _____

Are you ok with receiving massage on your glutes? ☐ **Yes** ☐ **No**

Are you ok with receiving massage on your pecs? ☐ **Yes** ☐ **No**

Are you on any medication? ☐ **Yes** ☐ **No** **If yes, which ones:** _____

****Please mark any of the following conditions you may currently have.** _____

- ☐ **Neck pain**
- ☐ **Upper Back Pain**
- ☐ **Lower Back Pain**
- ☐ **Numbness**
- ☐ **Sinus congestion**
- ☐ **Headaches:** _____
- ☐ **Allergies:** _____
- ☐ **TMJD**
- ☐ **Broken Bones**
- ☐ **Head Injuries/Concussions**
- ☐ **Sciatica**
- ☐ **Chronic Pain**
- ☐ **Heart Condition:** _____
- ☐ **High/Low Blood Pressure:** _____
- ☐ **High Blood pressure**
- ☐ **Varicose veins**
- ☐ **Kidney Condition:** _____
- ☐ **Painful Menses/Fibroids**
- ☐ **Blood Clots/History Of**
- ☐ **Recent Surgery: List Below**
- ☐ **Osteoporosis**
- ☐ **Chronic pains**
- ☐ **Wear Contacts**
- ☐ **Dentures**
- ☐ **Arthritis**
- ☐ **Others, please specify**

_____

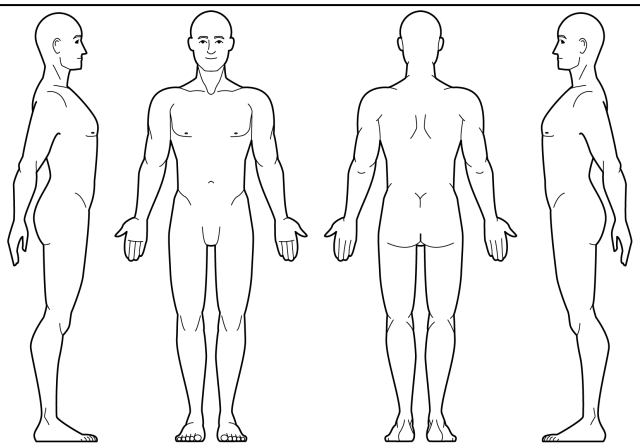
Intensity of pain:

1 2 3 4 5 6 7 8 9 10

Type of pain:

- ☐ **Dull**
- ☐ **Sharp**
- ☐ **Tender**
- ☐ **Burning**
- ☐ **Radiating**
- ☐ **Sensitive**
- ☐ **Stiff**
- ☐ **Tension**
- ☐ **Shooting**
- ☐ **Pressure**

Circle areas of discomfort:



I understand that massage therapy is for the purpose of stress reduction, relief from muscular tension or spasm, or for increasing circulation. I understand that the massage therapist does not diagnose illness, disease or any other physical or mental disorder. The massage therapist does not prescribe medical treatment nor perform spinal manipulations. I will inform the therapist of my current condition at the time of each visit. No insinuation of sex or sexual advancements will be tolerated in the massage room, any kind of sexual harassment will result in the termination of the session.

Signature _____

Therapist: _____