Massage Therapy Intake Form

Name: _____ Referred by: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail Address: _____

Address: _____ City: _____ St: ___ Zip: _____

Date of Birth: _____ (day & date) Place of business: _____

Sex: ☐ Female ☐ Male Marital Status: _____

Spouse's Name: _____ Place of business: _____

Address: _____ Work Phone Number: _____

In Case of Emergency, notify, name: _____ Phone Number: _____

Please answer the following questions and check as appropriate.

How did you hear about us?
Have you ever had a Massage or related Therapies?
What are the reasons for your visit today? ☐ Pain ☐ Relaxation ☐ Learn ☐ Other:
What are your other health concerns?
Do you have open cuts, rashes or bruising?
Are you currently experiencing a cold, flu or infections?
Describe any surgeries you have had:
Any recent injuries/ accidents/discomforts? Please explain:
Any pain with movement? With touch? Please explain:
Any chronic or recurrent tensions? Please explain:
List all conditions currently monitored by a Health Care Provider:
Are you pregnant? If yes, what is the estimated due date?
List any medications that you took today:
Do you regularly ☐ Drink Caffeine Beverages? ☐ Smoke? ☐ Use Alcohol?
Do you wear ☐ Contact Lenses? ☐ Glasses? ☐ Dentures? ☐ Hearing Aids?
Do you have a problem laying on your ☐ Back? ☐ Stomach?

Do you exercise? If yes, what type and frequency?

Are you on any medications? Please list: _____

Do you take any vitamins? Please list: _____

Please check all current and previous conditions:											
Cancer	Y	N	Diverticulitis	Y	N	Contagious Disease	Y	N	Headaches	Y	N
Diabetes	Y	N	Phlebitis	Y	N	Herpes	Y	N	Dizziness	Y	N
Epilepsy	Y	N	Bursitis	Y	N	AIDS	Y	N	Depression	Y	N
Heart Condition	Y	N	Arthritis	Y	N	Sciatica	Y	N	Bruise Easy	Y	N
Kidney Condition	Y	N	Sinusitis	Y	N	Fatigue	Y	N	Herniated Disc	Y	N
Nerve Condition	Y	N	Blood Clots	Y	N	Insomnia	Y	N	Whiplash	Y	N
Skin Condition	Y	N	Varicosities	Y	N	Allergies	Y	N	Muscle Spasm	Y	N
Digestive Disorders	Y	N	Low Blood Pressure	Y	N	Asthma	Y	N	Fractures	Y	N
Liver Trouble	Y	N	High Blood Pressure	Y	N	Diarrhea	Y	N	Edema (swelling)	Y	N
Bladder Trouble	Y	N	Ulcers	Y	N	Constipation	Y	N	Colastrophobic	Y	N
Neuropathy	Y	N	Fibromyalgia	Y	N	Sleep Problems	Y	N	Scoliosis	Y	N
Broken Bones	Y	N	Thyroid Dysfunction	Y	N						

DURING THE TREATMENT: In order to derive the greatest benefit from this work, a couple of suggestions may be helpful. First, if at any time during the treatment you notice yourself unconsciously holding your breath, simply release your breath. Exhaling releases tension, holding your breath retains tension. Second, for the same reason if your practitioner is applying pressure or stretching a muscle, also release your breath and your muscles will relax more easily. Finally, if at any time during your treatment, anything feels uncomfortable, please tell your practitioner so that he/she can adjust the technique to your particular needs.

AFTER THE TREATMENT: Everyone has a slightly different experience of the work. Take a few moments to feel the effects of the treatment, and if you want, discuss them with your practitioner.

CONSENT FOR CARE: It is my choice to receive massage therapy and I give consent to receive treatment. I understand , in working with the Massage Practitioner of Healing LifeCare Center, that the services are not a substitute for medical examination and/or diagnosis and any information provided is for educational purpose only. I affirm that I have stated all my known medical conditions and agree there will be no liability on the Practitioner and Healing LifeCare Center as well as being released from personal injury medical costs or any lawsuit from treatment today or in the future.

It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Signature: _____ Date: _____

Signature of parent/guardian: _____ Date: _____

(if patient is a minor)

To avoid paying for missed appointments, please give 8 hours notice.