



## Client Health Intake

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

\_\_\_\_\_ Evening Phone: \_\_\_\_\_

Occupation \_\_\_\_\_ Email: \_\_\_\_\_

Referred by: \_\_\_\_\_

Have you ever had a massage or other bodywork before? If so, what type and how frequently? \_\_\_\_\_

\_\_\_\_\_

In a few words, please describe your general, physical health: \_\_\_\_\_

\_\_\_\_\_

On a scale of 1 (no stress) to 10 (overwhelming stress), how would you rate your general daily stress level? \_\_\_\_\_

Where do you generally feel stress/tension in your body? \_\_\_\_\_

\_\_\_\_\_

What are your goals for your massage session? \_\_\_\_\_

\_\_\_\_\_

Are you presently under a doctor or therapist's care? If so, what for? \_\_\_\_\_

\_\_\_\_\_

Are you or could you be pregnant? If so, when are you due? \_\_\_\_\_

How often do you exercise? What sort of exercise do you do? \_\_\_\_\_

\_\_\_\_\_

Are you currently taking any medications? If so, what are they for? \_\_\_\_\_

\_\_\_\_\_

Do you wear: contact lenses? \_\_\_\_\_ hearing aides? \_\_\_\_\_ dentures? \_\_\_\_\_

Are you aware of any allergies or sensitivities to oils or scents? If so, what? \_\_\_\_\_

\_\_\_\_\_

Please indicate any of the following that apply to you with a (C) for current condition and (P) for past condition.

	Carpal Tunnel Syndrome		Tuberculosis
	Broken Bones		Arthritis
	Circulatory Problems		Cancer
	Digestive Problems		Diabetes
	Fibromyalgia		Headaches
	Heart Disease		High Blood Pressure
	HIV/AIDS		Muscle Sprains/Tears
	MS		Sleeping Problems
	Respiratory Problems		Grind Teeth/TMJ Disorders
	Surgeries		Varicose Veins
	Allergies		Skin Conditions

Are there any other health/medical/emotional issues that you feel I should know about?

\_\_\_\_\_

\_\_\_\_\_

I hereby fully and willingly allow a massage therapist to give me a Swedish/Deep Tissue massage. I have consulted my medical doctor regarding any conditions that may contraindicate massage and have read and understand the massage therapist's policies and practices. I understand that this massage is strictly nonsexual and that any inappropriate behavior will result in immediate termination of the session with full payment expected.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_