

Massage Intake Form

Personal Information

Name : _____ Phone: _____ DOB: _____

Address: _____ City/state/zip: _____

Email: _____ Occupation: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Medical Information

List medications and use (if any):

Pregnant? Yes / No If yes, how far along? _____ Risk factors? _____

List any major accidents and surgeries (include dates):

List any allergies/skin sensitivities:

Please circle any that pertain to you:

Respiratory

Asthma Smoker Bronchitis Emphysema Sinusitis Chronic cough

Nervous System

Sciatica Seizures Epilepsy Multiple Sclerosis Numbness/Tingling

Musculoskeletal

Arthritis Osteoporosis Bursitis Tendonitis Jaw Pain

Pins/Plates/Wires

Cardiovascular

High blood pressure Low blood pressure Heart attack Stroke
Heart disease Poor circulation Phlebitis / varicose veins Pacemaker
Hemophilia Chronic congestive heart failure

Skin & Infections

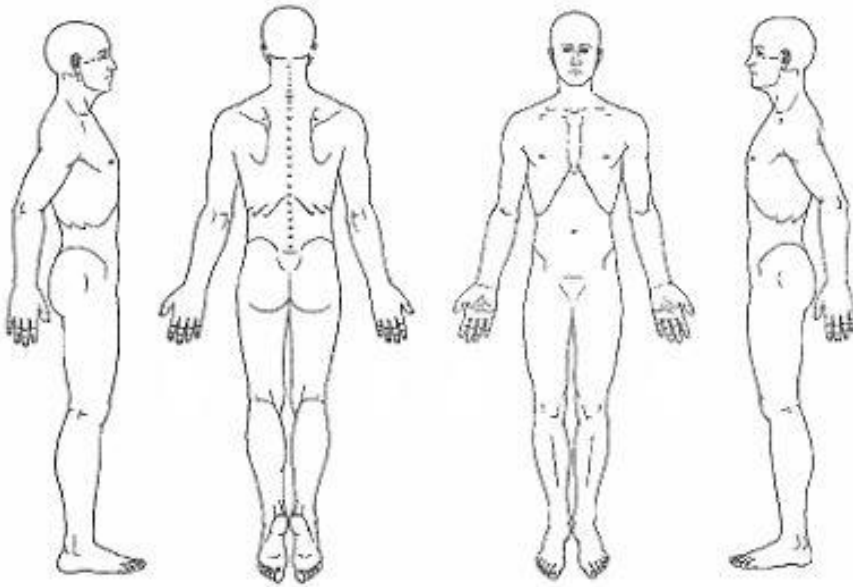
Hepatitis HIV / AIDS Herpes Tuberculosis Lyme disease
Infectious skin conditions Warts

Other Conditions

Cancer Diabetes Unexplained weight loss Digestive conditions
Fibromyalgia Chronic fatigue syndrome Depression Anxiety
Psychiatric disorder

Other condition: _____

Please circle areas of discomfort:



It is my choice to receive massage therapy. I am aware of the benefits and risks of massage and give my consent for massage. I understand that there is no implied or stated guarantee of success of effectiveness of individual techniques or series of appointments. I acknowledge that massage therapy is not a substitute for medical care, medical examination or diagnosis. I have stated all medical conditions that I am aware of and will inform my massage therapist of any changes in my health status. I understand that my personal health information will be collected.

I understand that all information that I provide will be kept confidential unless required by law. I understand and consent that my medical information may be shared by the various care providers involved in my care and treatment.

Date: _____

X
