Massage Therapy
client intake form

Name: _____ Phone: _____ Cell? Y / N
Birth Date: _____ Email: _____
Occupation: _____ Address: _____
Preferred contact method:

What are you hoping to accomplish with your session(s) here?

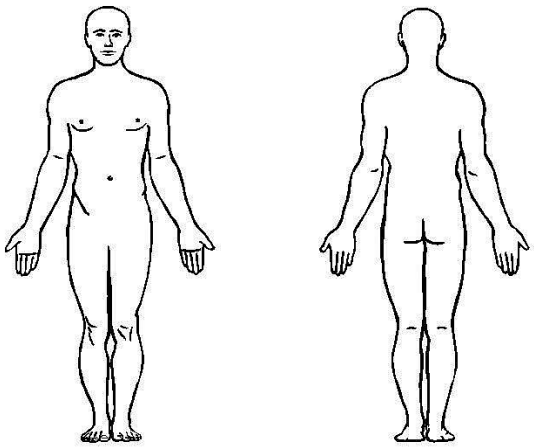
Are you currently experiencing pain, tension, or other limitations in your body?

What aggravates the discomfort?

What helps aleviate it?

Is this the result of an injury? Y / N
If so, when and how did the injury occur?

Please mark where you are feeling discomfort



Have you had any surgeries, injuries, or other bodily traumas?

How stressful is your overall daily experience?

Not at all - Mildly - Moderately - Extremely

What do you do for self-care, to unwind, or treat yourself? How often?

How often do you exercise? What type(s)?

Please mark any of the following that you are currently experiencing:

__ headache
__ high/low blood pressure
__ varicose veins
__ diabetes
__ epilepsy
__ cuts, burns, bruises
__ severe pain
__ TMJ
__ cancer
__ inflammation
__ dizziness
__ heart disease
__ arthritis
__ fever, flu, cold
__ fibromyalgia
__ pregnant (if yes) due date:

Please explain any of the above, or any other western medical conditions you have been diagnosed with:

Are you currently working with any other health care practitioners?

Are you taking any medications, herbs, or supplements?

Do you have any allergies or sensitivities to oils, salves, lotions?

I understand that Massage Therapy is for relaxation purposes, and that it is not intended to diagnose, treat, cure or prevent any illness, injury or disease. I choose to participate for my own benefit, and assume the responsibility to participate in ways that are best for me to receive the full benefit of this work. I have informed my therapist of my state of health and have clearly and completely communicated any restrictions or limitations I have, physically or otherwise.

_____ _____

signature date