



Bodywork and Massage Intake Form

Client Information

Name: _____ Date: _____
Street Address: _____ Phone 1: (_____) _____ Phone 2: (_____) _____
City: _____ State: _____ Zip _____
DOB: _____ E-Mail: _____
Referred by: _____ Occupation: _____
Emergency Contact Name and Phone: _____ (____) _____

Bodywork & Massage History/Session Information

Have you ever received professional bodywork and/or massage? Yes No

Date of last session: _____ What result do you want from your sessions? _____

What type of other holistic modalities have you received? _____

List any exercise activities and include frequency: _____

Are you currently under the care of a health care practitioner? Yes No
If yes, specify purpose: _____

List current medications and their purpose: _____

Previous History (Include year and treatment you received)

Injuries/accidents/illnesses still affecting you:

Surgeries:

Please mark any of the following that you now have or have had.

Musculoskeletal

- Bone or joint disease
- Tendonitis / Bursitis
- Arthritis / Gout
- Jaw pain (TMJ)
- Lupus / Fibromyalgia
- Spinal problems
- Other: _____

Circulatory

- Heart Condition
- Phlebitis / Varicose Veins
- Blood Clots
- High / Low Blood Pressure
- Lymphedema
- Thrombosis / Embolism
- Other: _____

Please mark any of the following that you now have or have had.

Respiratory

- Breathing difficulty / Asthma
- Emphysema
- Allergies specify: _____
- Sinus problems
- Other: _____

Skin

- Allergies specify: _____
- Rashes
- Athletes foot
- Herpes / cold sores
- Other: _____

Nervous System

- Shingles
- Numbness/Tingling
- Pinched Nerve
- Other: _____

Digestive

- Irritable bowel syndrome
- Ulcers
- Other: _____

Reproductive

- Pregnant: Stage _____
- Ovarian / Menstrual Issues
- Prostate Issues _____
- Other: _____

Other

- Cancer/Tumors
- Bladder/Kidney ailment
- Diabetes
- Drug/alcohol/caffeine/tobacco use
- Chronic fatigue
- Chronic pain
- Sleep disorders
- Migraines/headaches
- Anxiety/stress syndrome
- Depression
- Contact lenses (hard ___ soft ___)

Additional Remarks/Comments:

It is my choice to receive therapeutic bodywork and massage. I realize that the treatment is being given for the well-being of my body and mind. This includes stress reduction, relief from muscular tension, spasm or pain, or for increasing circulation or energy flow. ***If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort.***

I understand that bodywork practitioners ***do not diagnose illness, disease or any physical or mental disorder, nor do they prescribe medical treatment, pharmaceuticals or perform spinal thrust manipulations. I acknowledge that therapeutic bodywork is not a substitute for medical examination or diagnosis, and that it is recommended that I see a primary health care provider for that service.***

I understand that ***if I arrive late my session will end at the originally scheduled time*** in order not to penalize the client following me and there will be no adjustment of my fee. I understand that the cancellation policy for sessions is 24-hour notice. I agree to keep all sessions I have scheduled and ***I agree to remit full payment for any appointments cancelled without adequate cancellation notice.***

Client Signature:

Date:
