Client Intake Form

Name _____ Date _____
Address _____ Birth Date _____
City _____ Home Phone _____
State _____ Zip _____ Work Phone _____
Occupation _____ Cell Phone _____
General Health - Excellent - Good - Fair - Poor E-Mail _____
PC ID _____

In Case of Emergency Notify : Name _____ Phone _____

Do you, or have you had any of the following : (Please check all appropriate lines)

____ *Allergies* ____ *Headaches* ___ *Respiratory Problems*
____ *Arthritis* ____ *Heart Condition* ___ *Skin Disorders/ Infections*
____ *Blood Pressure High /Low* ____ *Inflammation*
____ *Constipation* *Where?* _____
____ *Decreased circulation* _____
(varicose veins, cold hands and feet, etc)
____ *Depression* ____ *Influenza/Fever* ____ *Sinus*
____ *Diabetes* ____ *Insomnia* ____ *Stiff neck*
____ *Digestive Problems* ____ *Migraine Headaches* ***Are you-Currently Pregnant?***
____ *Epilepsy* ____ *Phlebitis* ____ ***Months*** _____

Have you had any serious or chronic illness, operations, chronic virus infections or traumatic accidents in the last 5 years ? Yes ___ No ___ If "yes", please give a brief description _____
_____
Are you under a doctor, chiropractor, or other Health Practitioner's care ? Yes ___ No ___ If "yes" , give a brief description _____
Are you currently taking any medication ____Yes ____ No If "yes" what ? _____

Do I have permission to contact your Doctor / Therapist? Yes ___ No _____ If "yes", complete:
Name: _____ Phone : _____

Do you wear contact lenses ? ___ Yes ___ No Do you wear dentures ? ___ Yes ____ No
Have you ever had a Massage ? ____ Yes _____ No If "yes", when? _____
What results do you wish to achieve with this session? _____
What types of physical activities or sports do you participate in ? _____

Were you referred to my services ? ____ Yes ____ No If "yes", by Who _____
Is there anything I should know that would limit this massage or body work? If "Yes" please identify.

I have completed this information form to the best of my knowledge. I understand the massage services are designed to be a health aid and in **no way** to take the place of a doctor's care when indicated. Information exchanged during any massage session is educational in nature and is indicated to help me become more familiar and conscious of my own health and is to be used at my own discretion. **All information I give on these forms will be confidential** and used for no other purpose than massage therapy session protocol.
I understand that **the therapist may refuse service**, if I arrive for treatment **under the influence of alcohol, or recreational drugs.**

Signature _____ Date _____