PENINSULA NATURAL HEALTH CENTER

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THERAPEUTIC MASSAGE CLIENT INTAKE FORM

NAME (last, first, m.) _____ DATE OF BIRTH ___/___/___

☐ male ☐ female STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

( ) DAY PHONE _____ ( ) EVENING PHONE _____ OCCUPATION _____

The following information will be used to help plan safe and effecive massage sessions. Please answer the questions to the best of your knowledge.

DATE OF INITIAL VISIT ___/___/___

1. HAVE YOU HAD A PROFESSIONAL MASSAGE BEFORE? ☐ yes ☐ no

2. DO YOU HAVE ANY ALLERGIES TO OILS, LOTIONS, OR OINTMENTS? ☐ yes ☐ no

IF YES, PLEASE EXPLAIN _____

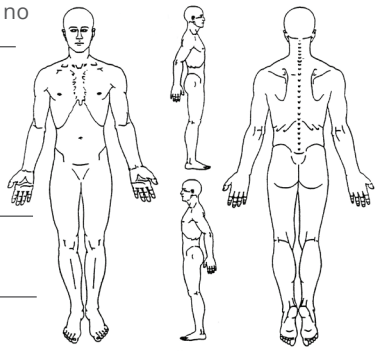
3. IS THERE A PARTICULAR AREA OF THE BODY WHERE YOU ARE EXPERIENCING TENSION, STIFFNESS, PAIN OR OTHER DISCOMFORT? ☐ yes ☐ no

IF YES, PLEASE IDENTIFY _____

4. DO YOU HAVE ANY PARTICULAR GOALS IN MIND FOR THIS MASSAGE SESSION? ☐ yes ☐ no

IF YES, PLEASE EXPLAIN _____

Circle any specific areas you would like the massage therapist to concentrate on during the session ›››



MEDICAL HISTORY

5. ARE YOU CURRENTLY UNDER MEDICAL SUPERVISION? ☐ yes ☐ no

IF YES, PLEASE EXPLAIN: _____

6. ARE YOU CURRENTLY TAKING ANY MEDICATION? ☐ yes ☐ no

IF YES, PLEASE EXPLAIN: _____

7. PLEASE CHECK ANY CONDITION LISTED BELOW THAT APPLIES TO YOU:

☐ contagious skin condition	☐ current fever	☐ phlebitis	☐ diabetes
☐ open sores or wounds	☐ swollen glands	☐ deep vein thrombosis/blood clots	☐ decreased sensation
☐ easy bruising	☐ allergies/sensitivity	☐ joint disorder/rheumatoid arthritis	☐ back/neck problems
☐ recent accident or injury	☐ heart condition	☐ osteoarthritis/tendonitis	☐ fibromyalgia
☐ recent fracture	☐ high or low blood pressure	☐ osteoporosis	☐ TMJ
☐ recent surgery	☐ circulatory disorder	☐ epilepsy	☐ carpal tunnel syndrome
☐ artificial joint	☐ varicose veins	☐ headaches/migraines	☐ tennis elbow
☐ sprains/strains	☐ atherosclerosis	☐ cancer	☐ pregnancy (how many months?) ___

PLEASE EXPLAIN ANY CONDITION THAT YOU HAVE MARKED ABOVE: _____

15. Is there anything else about your health history that you think would be useful for your massage practitioner to know to plan a safe and effective massage session for you? _____

Draping will be used during the session - only the area being worked on will be uncovered. Clients under the age of 17 must be accompanied by a parent or legal guardian during the entire session. Informed written consent must be provided by parent or legal guardian for any client under the age of 17.

I, _____(print name) understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. 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 further understand that massage should not be construed as a substitute for medical examination, diagnosis or treatment and that I should see a physician or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the thearpist's part should I fail to do so.

SIGNATURE OF CLIENT _____ DATE _____