Client Intake Form – Relaxation Massage

Personal Information

Name _____ Phone number _____
Address _____
City/State/Postal Code _____
Email _____ Date of birth _____
Emergency contact _____ Phone number _____

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

1. Have you had a massage before? Yes No

2. Do you have any difficulty lying on your front, back, or side? Yes No
   If yes, please explain

3. Do you have any allergies to oils, lotions, or ointments? Yes No
   If yes, please explain

4. Do you have sensitive skin? Yes No

5. Are you wearing contact lenses ( ) dentures ( ) a hearing aid ( ) ?

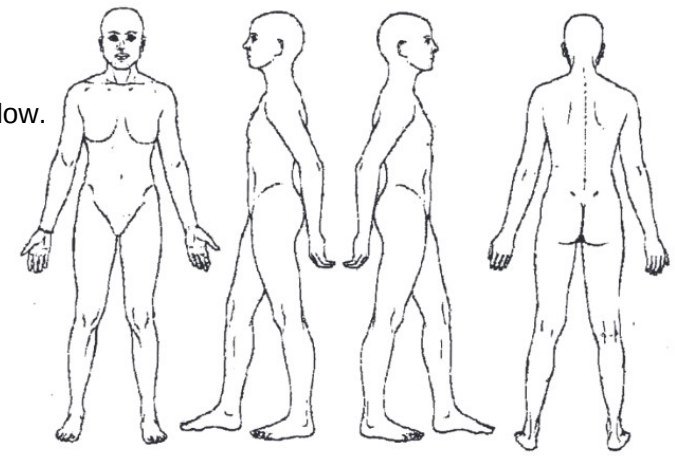
6. Do you sit for long hours at a workstation, computer, or driving? Yes No
   If yes, please explain

7. Do you perform any repetitive movement in your work, sports, or hobby? Yes No
   If yes, please explain

8. Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort? Yes No
   If yes, please identify

9. 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 practitoner to concentrate on during the session:
If filling form online please describe the areas below.



Medical History

In order to plan a massage session that is safe and effective,
I need some general information about your medical history.

10. Are you currently under medical supervision? Yes No
    If yes, please explain

11. Do you see a chiropractor? Yes No
    If yes, how often?

12. Please check any condition listed below that applies to you:

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

13. 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.

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 massage practitioner 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, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand the massage practitioner is 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 massage practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the massage practitioner's part should I fail to do so.

Signature of client _____ Date _____

Signature of massage practitioner _____ Date _____