

Client Intake Form

Name _____ Date _____

Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____

Occupation _____

Referred by _____

Current Health History

Are you currently being treated for any medical conditions? Yes ___ No ___

If yes, please explain _____

Are you currently taking any medication? Yes ___ No ___

If yes, please list the medications and what they are for. _____

Please list any surgeries or injuries and the dates when they occurred _____

Have you received massage before? Yes ___ No ___

Please list any areas of complaint that you would like addressed during your session(s) _____

Please circle any of the following conditions that apply to you. These may be conditions that you currently have or have had in the past.

- | | | |
|------------------------|---------------------|---------------------|
| <u>Muscle/Skeleton</u> | <u>Digestion</u> | <u>Other</u> |
| Headaches | GERD | Hearing Loss |
| Pain in Your: | Indigestion | Visual Loss |
| Back | Constipation | Diabetes |
| Neck | Irritable Bowel | Fibromyalgia |
| Shoulders | Diarrhea | Cancer |
| Arms | Crohn's Disease | Eating Disorders |
| Chest | Colitis | Caffeine Use |
| Abdomen | Gas/Bloating | Nicotine Use |
| Glutes | | Alcohol Use |
| Legs | <u>Circulation</u> | |
| Feet | Stroke | <u>Skin</u> |
| Arthritis | Blood Clots | Rashes |
| Bursitis | Varicose Veins | Allergies |
| Scoliosis | Heart Condition | Acne |
| Osteoarthritis | High Blood Pressure | Warts |
| Tendonitis | Low Blood Pressure | Psoriasis |
| Joint Disease | Swelling | Dry/Oily Skin |
| Sprains/Strains | Lymphedema | |
| Fractures | | <u>Reproductive</u> |
| | <u>Respiratory</u> | Pregnancy |
| <u>Nervous system</u> | Asthma | Current |
| Numbness/Tingling | Sinus Problems | Past |
| Radiating Pain | Shortness of Breath | PMS |
| Paralysis | Hay Fever | PID |
| Chronic Pain | Fainting | Endometriosis |
| Herpes/Shingles | Pneumonia | Hysterectomy |

Please list any other diagnosis that applies to you that is not listed above.
Please indicate if you are still being treated for this condition.

I have disclosed all known conditions and diagnoses that I am aware of and verify that all the information above is accurate. I understand that a massage therapist will not diagnose any conditions and will keep the above information confidential unless receiving a signed release from me. I will inform the therapist of any changes that may occur in my health history.

Signature _____ Date _____