

Down to Earth Therapeutic Massage – Client Intake Form

Personal Information:

Name _____ Date _____
Phone number _____ Email address _____
Date of birth _____ Occupation _____
Hobbies _____
Emergency contact person: Name _____
Phone number _____ Relation to client _____

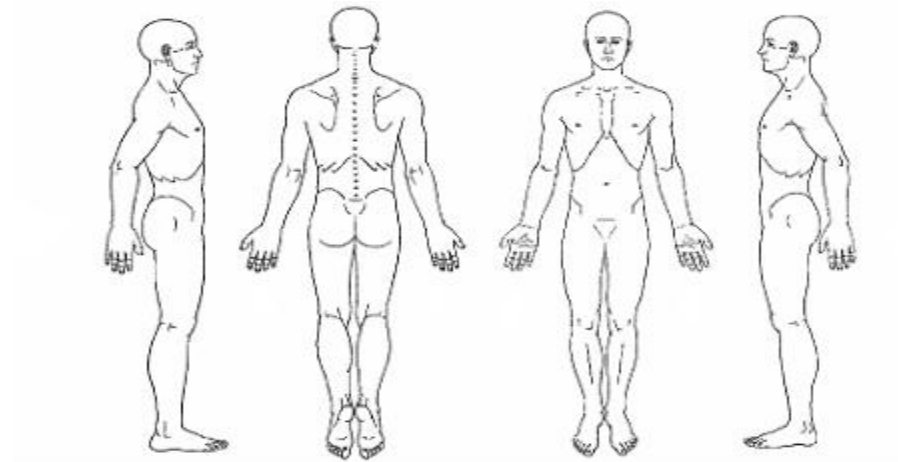
The following information will be used to help plan safe and effective massage sessions.

Please answer the questions to the best of your knowledge.

1. Have you had a professional massage before? Yes No
If yes, date of last massage _____
2. Are you currently under medical supervision? Yes No
If yes, please explain _____
3. Are you currently taking any medications relevant to your massage today (i.e., blood thinners or pain medication)? Yes No
If yes, please list _____
4. Please check any condition listed below that applies to you:

<input type="checkbox"/> Allergies/sensitivities _____	<input type="checkbox"/> Liver disorder
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Lymphatic condition
<input type="checkbox"/> Asthma	<input type="checkbox"/> Carpel Tunnel Syndrome
<input type="checkbox"/> Blood clots	<input type="checkbox"/> Motor vehicle accident: date _____
<input type="checkbox"/> Bone conditions	<input type="checkbox"/> Muscular problems
<input type="checkbox"/> Cancer: _____	<input type="checkbox"/> Neck problems
<input type="checkbox"/> Circulatory disorder	<input type="checkbox"/> Neurological condition
<input type="checkbox"/> Contact lenses	<input type="checkbox"/> Decreased sensation: where _____
<input type="checkbox"/> Depression	<input type="checkbox"/> Paralysis
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Pregnant: how many weeks _____
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Tennis Elbow
<input type="checkbox"/> Fibromyalgia	<input type="checkbox"/> Respiratory problems
<input type="checkbox"/> Headaches/migraines	<input type="checkbox"/> Seizure disorders
<input type="checkbox"/> Heart condition	<input type="checkbox"/> Skin conditions
<input type="checkbox"/> High or low blood pressure	<input type="checkbox"/> Spinal problems
<input type="checkbox"/> Insomnia	<input type="checkbox"/> TMJD
<input type="checkbox"/> Kidney disorder	<input type="checkbox"/> Varicose veins
<input type="checkbox"/> Joint disorder or pain	<input type="checkbox"/> Recent injuries or surgeries: _____
<input type="checkbox"/> Sprains/strains	_____

Is there a particular part of the body where you are experiencing tension, stiffness, pain or discomfort? If yes, please identify areas below:



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, chiropractor 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 therapist's part should I fail to do so.

Signature of client _____ Date _____

Therapist Notes: _____

