Confidential Client Intake Form

Date:_____

Name_____ E-Mail_____

Phones: Day_____ Evening_____ Cell_____

Address_____City_____State____Zip_____

Age_____ Date of Birth____/____/____ M___F___ Marital Status_____ # of Children_____

Occupation_____ How did you hear about me?_____

Have you had massage therapy before?_____ Where and by whom?_____

Where is your major area of pain or concern?_____

_____

When did you first notice it?_____What brought it on?_____

What activities aggravate it?_____

Is this condition getting worse?_____ Does it interfere with work_____ Sleep_____Recreation_____

What do you believe is wrong with you?_____

What have you done to get relief?_____

Has there been a medical diagnosis?_____Exam?_____Bloodwork?_____X-rays?_____Other:_____

What was the diagnosis?_____By whom?_____

Age of mattress_____Comtortable?_____Waterbed?____ Do you sleep on: Side____Back____Stomach_____

Are you wearing: Heel lifts_____Sole Supports____ Arch supports_____ Other_____

Indicate the following habits with: H-heavy M-moderate L-light N-none

____Alcohol_____Coffee_____Tea____Tobacco_____Colas_____Sugared products_____Artificial Sweetners_____White flour products _____Exercise

How many 8oz glasses of pure water do you drink a day?_____

Are you presently under a doctor's care?_____ If so, for what condition?_____

Physician:_____City_____State_____Phone_____

Other areas of pain or concern?_____

_____

Previous Operations_____

Previous Broken Bones_____

Previous accidents or injuries_____

Circle any CURRENT conditions. Underline any you have had as PAST problems.

Stress	Diabetes	Headaches	Arthritis	Painful joints	Epilepsy
Seizures	Varicose Veins	Contagious disease	Osteoporosis	Allergies	Bruises
Back Pain	Numbness	Stabbing pains	Sinus trouble	Dizziness	Fainting
Cancer	Sleeping problems	Migraines	Kidney trouble	Fatigue	Asthma
Depression	Loss of balance	Cold hands or feet	Heart attack	Chest pains	Swollen joints
Nervousness	Inner tension	Constipation	Skin disorders	Shortness of breath	Low blood pressure
Blood clots	High blood pressure	Phlebitis	Herniated or bulging disk	Head feels too heavy	Light bothers eyes

Tightness in the shoulder Tightness in the neck Jaw pain, clicking or popping

Are you presently pregnant ?_____Nursing?_____ Wear contact lenses?_____ Wear Dentures?_____

Are you taking any: ( ) Medications List them_____

( ) Laxatives ( ) Sedatives ( ) Sleeping Pills ( ) Insulin ( ) Blood Thinners ( ) Pain Pills (Type:_____)

( ) Vitamins ( ) Herbs ( ) Minerals ( ) Birth control pills ( ) hormone replacement ( ) other_____

I understand that the massage bodywork 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 comfort level. I further understand that massage or bodywork 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 of which I am aware. I understand that massage practitioners are not qualified to perform spinal 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. I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioners part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. I agree to give 24 hours notice of cancellation of appointment. If less than 24 hours notice is given, I agree that the therapist may charge for the time if unable to fill the appointment space. (emergencies are an exception).

Signature_____Date_____