

THERAPEUTIC MASSAGE HEALTH INTAKE

Name _____ Date _____

Address _____

City, State, Zip Code _____

Day Phone _____ Evening Phone _____ Cell Phone _____

Date of Birth _____ Occupation _____

How did you learn of my practice? _____

Have you ever received a massage? _____ If so, what type of massage have you experienced? (Example: Swedish, deep tissue, shiatsu, connective tissue, etc.) _____

When was your last massage? _____

Briefly describe your reasons for receiving a massage? (Example: relaxation, specific discomfort, stress reduction, etc.): _____

Are you experiencing pain right now? _____ Please indicate where your discomfort is: _____

Describe what you do that causes pain, and what activities make it worse: _____

Please describe the following: Your exercise habits: _____

Your sleeping habits: _____

Your general health: _____

Your general diet: _____

What is your daily or weekly intake of the following:

Coffee _____ Cigarettes _____ Alcohol _____

Soft Drinks _____ Artificial Sweeteners _____ Sugar/Chocolate _____

Dairy Products _____ Water _____ Nutritional Supplements _____

Please check any of the following situations which pertain to your life:

_____ recent birth of a child _____ divorce or separation

_____ death of a family member, friend or pet _____ new job/career

Please describe any surgery or hospitalization you have had in the last 10 years: _____

Please describe any injuries or accidents you have experienced in the past 10 years and what kind of care you received for those injuries: _____

Do you feel you have recovered from the above injuries and/or accidents? _____

Do you have any chronic, ongoing conditions that you deal with on a regular basis? _____ Please explain:

Has your body suffered any other insults or trauma? _____ If so, what form? _____

What do you do for relaxation or self care? _____

What is nurturing or nourishing for you? _____

Are you currently under a doctor's care? _____ Please explain: _____

Are you currently under a therapist's care? _____

Are you currently taking any medication? _____ Please be specific as to the reason for the medicine, the prescribed dosage, and whether or not there are any side effects involved with the prescription: _____

Do you have any skin rashes or other skin problems right now? _____

Do you have allergies to cremes or oils? _____

Check any of the following you have had:

<input type="checkbox"/> Headaches	<input type="checkbox"/> Sinus Problems	<input type="checkbox"/> Allergies
<input type="checkbox"/> Shoulder Pain	<input type="checkbox"/> Heart Problems	<input type="checkbox"/> High/Low Blood Pressure
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Rheumatoid Arthritis	<input type="checkbox"/> Cancer
<input type="checkbox"/> Immune Disorders	<input type="checkbox"/> Circulatory Problems	<input type="checkbox"/> Blood Clotting
<input type="checkbox"/> Varicose Veins	<input type="checkbox"/> Phlebitis	<input type="checkbox"/> Skin Conditions
<input type="checkbox"/> Low Back Problems	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Sprains
<input type="checkbox"/> Contact Lenses	<input type="checkbox"/> Recurring Symptoms	<input type="checkbox"/> Other _____
<input type="checkbox"/> Endometriosis	<input type="checkbox"/> Osteoarthritis	<input type="checkbox"/> TMJ Dysfunction
<input type="checkbox"/> Asthma	<input type="checkbox"/> Anemia	<input type="checkbox"/> Fibromyalgia
<input type="checkbox"/> Clotting Disorders	<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Edema (swelling)
<input type="checkbox"/> Chronic Fatigue Syndrome	<input type="checkbox"/> Periferal Neuropathy	<input type="checkbox"/> Hodgkin's disease

I hereby give my consent to receive a massage. I understand that massage practitioners are not physicians and that I am not here for medical, diagnostic or treatment procedure. I agree to keep the practitioner informed of any medical problems that occur during the time period of our work together.

I also agree to give 48 hours notice should I need to cancel or reschedule my appointment to avoid charge for the session.

Signature _____