The Therapy Fix

Massage Intake Form

Welcome! I would like to make your appointment as pleasant and comfortable as possible. If at any time you have questions regarding your session, please let me know.

Name_____ **Date of Birth**_____

Address _____ **Phone**_____

City_____ **State**_____ **Zip**_____

Occupation_____

Have you ever received Massage Therapy? _____ **Yes** _____ **No**

Type of Massage experienced? (Swedish, Shiatsu, etc) _____

List any exercise activities. Include frequency. _____

_____

Are you currently taking any medications? _____ **Yes** _____ **No**

If yes, please list names and reason/treatment _____

_____

Please review this list and check those conditions that have affected your health either recently or in the past. Place a check mark next to the condition.

__ Asthma/Breathing Difficulty
__ Diabetes
__ Broken/Dislocated Bones
__ Constipation/Diarrhea
__ Auto Immune Disease*
__ TMJ Syndrome
__ Irritable Bowel Syndrome
__ Back problems
__ Depression/Panic Disorder/ Other Psych. Conditions
__ Chemical Dependency (Alcohol/Drugs)
__ Sinus Problems
__ Cancer
__ Bruise Easily
__ Hepatitis
__ Stroke
__ Diverticulitis
__ Headaches
__ High Blood Pressure
__ Muscle Strain/Sprain
__ Seizures
__ Arthritis
__ Blood Clots
__ Chronic Pain
__ Skin Conditions
__ Surgery
__ Ulcers
__ Heart Condition
__ Insomnia
__Pregnancy
__ Whiplash
__ Scoliosis

*AIDS, Fibromyalgia, Chronic Fatigue, Lupus, etc.

Do you have any of the following today:

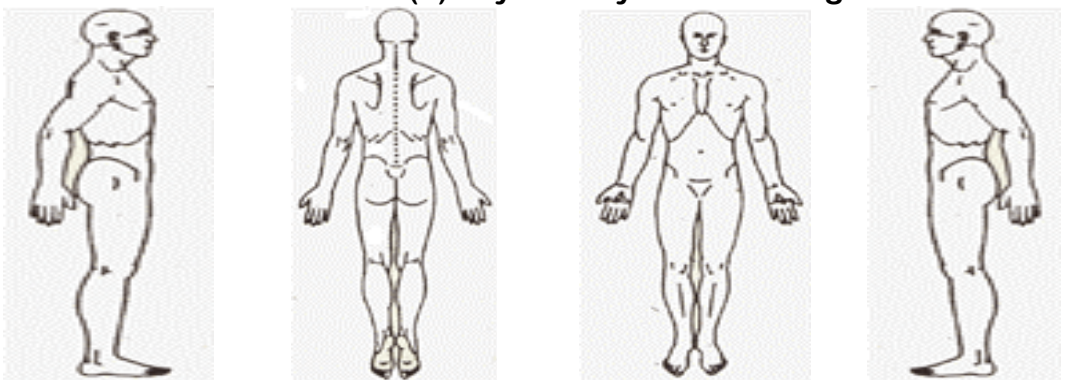
__ Skin Rash __ Cold/Flu __ Open Cuts __ Severe Pain
__ Anything Contagious __ Injuries/Bruises

Do you have any allergies to:

__ Medications __ Food (Nuts, etc.) __ Reactions to Skin Care Products
__ Environmental Allergens (Dust, Pollen, Fragrances, etc.)

If any of the above are checked, please give details
_____

Please indicate with an (X) any areas you are feeling discomfort



What are your goals/expectations for this therapy session? _____

I have completed this form to the best of my knowledge and will inform the massage therapist if there is any change in my physical health.
I understand that a Massage Therapist cannot diagnose illness, disease, or any other medical, physical, or emotional disorder, nor perform any spinal manipulations.
I am responsible for consulting a qualified physician for any physical ailments that I have.
I understand that if I arrive late, my session will end at the originally scheduled time so that the client following me is not penalized.
I agree to give 24 hour notice for a scheduled session that I cannot keep.
I am aware that I may be charged the full fee for any missed sessions or for sessions that I cannot give 24 hour notice to cancel or re-schedule.

Signature _____ Date_____