**Confidential Client Intake Form for Massage Therapy**

**Client Contact Information**

**Full Name: Phone:**

**Address: City/St/Zip:**

**Date of Birth: / / Email:**

**Emergency Contact: Phone:**

**The following information is used to help plan safe and effective massage sessions, and is confidential between massage therapist & client.**

**Occupation: Hours per week:**

**Do you perform repetitive movements during work, sports, or hobbies? Yes / No**

**Do you exercise regularly? Yes / No Frequency:**

**How would you rate your level of stress? None/Low/Medium/High/Overwhelming**

**Have you ever received a professional massage? Yes / No Frequency:**

**Do you see a chiropractor? Yes / No Frequency:**

**Are you currently under medical supervision? Yes / No**

**If yes, please explain:**

**Please check conditions that apply to you: (location) ­**

**( ) fever/flu/cold**

**( ) wounds or bruises**

**( ) recent injury\***

**( ) recent surgery\***

**( ) heart condition\*/pacemaker**

**( ) high or low blood pressure**

**( ) current headache/migraine**

**( ) varicose veins**

**( ) thrombosis (blood clots)**

**( ) joint disorder\***

**( ) arthritis\***

**( ) epilepsy/seizures\***

**( ) cancer\***

**( ) diabetes**

**( ) skin condition\***

**( ) circulatory disorder\***

**( ) respiratory disorder\***

**( ) digestive disorder\***

**( ) nervous system disorder\***

**( ) immune system disorder\***

**( ) psychological disorder\***

**( ) decreased sensation**

**( ) back/neck problems\***

**( ) chronic pain**

**( ) Fibromyalgia**

**( ) pregnancy, weeks along**

**\*Please explain & list any other conditions the Massage Therapist should know about.**

**Are you currently taking any medication? Yes No**

**If yes, please list:**

**Do you wear? ( ) contact lenses, ( ) dentures, ( ) a hearing aid, ( ) other**

**Do you have any difficulty lying on your: front / back / side**

**If yes, please explain:**

**Do you have any allergies or sensitivity to oils, lotions, ointments, or aromas?**

 **Yes No If yes, please explain:**

**I understand that although massage therapy can be very therapeutic, relaxing and reduce muscular tension, it is not a substitute for medical examination, diagnosis and treatment. If I experience any pain or any discomfort during a session, I will immediately inform the therapist.**

**This is a therapeutic massage and any sexual remarks or advances will terminate the session and I will be liable for payment of the scheduled treatment.**

**Being that massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully.**

**Signature: Date: / /20**