



## Client Intake Form – Massage

### Personal Information:

Name..... Date of Birth.....  
Address..... Postcode.....  
Email..... Mobile.....  
Date of Initial Visit.....

The following information will be used to help plan safe and effective massage sessions. Please answer the questions to the best of your knowledge.

Do you have any allergies to oils, lotions, or ointments? Yes No

If yes, please explain.....

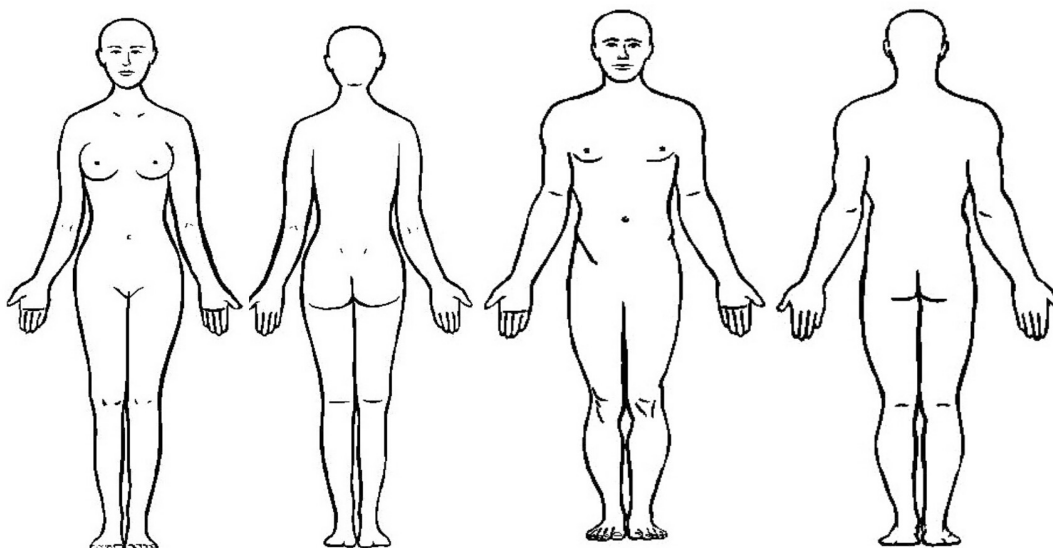
Do you have sensitive skin? Yes No

If yes, please explain.....

Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort? Yes No

If yes, please identify.....

Circle any specific areas you would like the massage therapist to concentrate on during the session:



## Medical History

In order to plan a massage session that is safe and effective, I need some general information about your medical history.

**Are you currently under medical supervision?**

**Yes      No**

If yes, please explain.....

**Are you currently taking any medication?**

**Yes      No**

If yes, please list.....

**Please check any condition listed below that applies to you:**

Epilepsy		Embolism	
Cancer		Deep vein thrombosis	
Back/neck problems		Osteoporosis	
Joint disorder		Varicose veins	
Recent accident or injury		Contagious skin condition	
Allergies/sensitivity		Open sores or wounds	
Sprains/strains		Current fever	
Headaches/migraines		Easy bruising	
Diabetes		Fibromyalgia	
Thrombosis		Atherosclerosis	
Circulatory disorder		A high or low blood pressure	
Heart condition		Swollen glands	
Pregnancy ? If yes, how many months		Rheumatoid arthritis/osteoarthritis/tendonitis	

**Please explain any condition that you have marked above.**

.....

**Is there anything else about your health history that you think would be useful for your massage practitioner to know to plan a safe and effective massage session for you?**

If yes, please list.....

**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. Draping will be used during the session – only the area being worked on will be uncovered.

**I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session. Understanding all of this, I give my consent to receive care.**

**Signature of client**.....**Date**.....

**Signature of Massage Therapist**.....**Date**.....