Client Intake Form

Therapeutic Massage & Exercise

Personal Information:

Name _____ Date of Birth _____

Address _____ Phone (Eve) _____

City/State/Zip _____ Phone (Day) _____

email _____ Occupation _____

Emergency Contact _____ Phone _____

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

1. Have you had a professional massage before? ☐ Yes ☐ No

   If yes, how often do you receive massage therapy? _____

2. Do you have any difficulty lying on your front, back, or side? ☐ Yes ☐ No

   If yes, please explain _____

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

   If yes, please explain _____

4. Do you have sensitive skin? ☐ Yes ☐ No

5. Do you sit for long hours at a workstation, computer, or driving? ☐ Yes ☐ No

   If yes, please describe _____

6. Do you perform any repetitive movement in your work, sports, or hobby? ☐ Yes ☐ No

   If yes, please describe _____

7. Do you experience stress in your work, family, or other aspect of your life? ☐ Yes ☐ No

   If yes, how do you think it has affected your health?

   ☐ muscle tension ☐ anxiety ☐ insomnia ☐ irritability ☐ other: _____

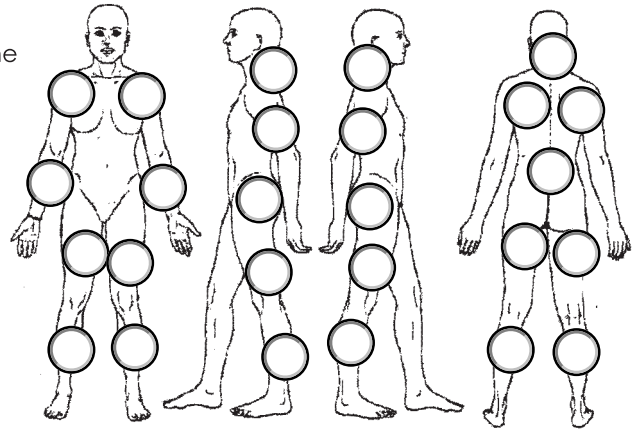
8. Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort?

   ☐ Yes ☐ No If yes, please identify _____

9. What is your particular goal or expected outcome of today's visit? _____

_____

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



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

10. Are you currently under medical supervision? ☐ Yes ☐ No
    If yes, please explain _____

11. Do you see a chiropractor? ☐ Yes ☐ No If yes, how often? _____

12. Are you currently taking any medication? ☐ Yes ☐ No
    If yes, please list _____

13. Please check any condition listed below that applies to you:

- ☐ contagious skin condition
- ☐ open sores or wounds
- ☐ easy bruising
- ☐ recent accident or injury
- ☐ recent fracture
- ☐ recent surgery
- ☐ artificial joint
- ☐ sprains/strains
- ☐ current fever
- ☐ swollen glands
- ☐ allergies/sensitivity
- ☐ heart condition
- ☐ high or low blood pressure
- ☐ circulatory disorder
- ☐ varicose veins
- ☐ atherosclerosis
- ☐ phlebitis
- ☐ deep vein thrombosis/blood clots
- ☐ joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis
- ☐ osteoporosis
- ☐ epilepsy
- ☐ headaches/migraines
- ☐ cancer
- ☐ diabetes
- ☐ decreased sensation
- ☐ back/neck problems
- ☐ Fibromyalgia
- ☐ TMJ
- ☐ carpal tunnel syndrome
- ☐ tennis elbow
- ☐ pregnancy If yes, how many months? _____

Please explain any condition that you have marked above _____

I, _____ (print name) understand that the massage and/ or exercise therapy I receive is provided for the basic purpose of relaxation and relief of muscular tension and non-medical pan relief. I further understand that massage or exercise therapy 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 and exercise 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 and or exercise 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. All exercise presents some degree of risk or injury. Exercise therapy is not an exact science and the results cannot be guaranteed. I hereby release and discharge *RLE MASSAGE THERAPY AND THEIR THERAPIST AND STAFF* from any and all liability to me, my personal representatives, assigns, heirs, and next of kin for any claims of injury or damage allegedly caused by my massage and or exercise therapy or allegedly caused by defects in the equipment or premises used for my exercise or and or massage therapy. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the session may be adjusted to my level of comfort. I understand that it is my responsibility to do the exercises suggested at home on a daily basis for the most benefit. I agree to cancel my appointment at least 24 hours in advance , or otherwise be charged the full session rate.

Signature of client _____ Date _____