
# Client Health Intake Form

**Personal Information:** Date _____

Name _____ Phone (Day) _____ Phone (Eve) _____

Address _____

City / State / Zip _____

Email _____ Date of Birth _____ Occupation _____

Emergency Contact _____ Phone _____

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

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

   If yes, please state how often _____

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

   If yes, please explain _____

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

   If Yes, please explain _____

4. Do you have sensitive skin? Yes No

   If yes, please describe _____

5. Do you wear ( ) contact lenses, ( ) dentures, ( ) hearing aid?

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

   If yes, please describe _____

   _____

7. Do you perform any repetitive movement in your ( ) work, ( )sports, or ( ) hobby? Yes No

   If yes, please describe _____

   _____

8. Is there a particular area of the body where you are experiencing ( ) tension, ( ) stiffness, ( ) pain or other ( ) discomforts? Yes No

   If yes, please describe _____

   _____


# Client Health Intake Form

9. Do you have any particular goals in mind for this session? Yes No

If yes, please explain _____

**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 of the following conditions / disorders that may apply to you: ( ) skin, ( ) joint, ( ) muscle, ( ) nervous, ( ) respiratory, ( ) cardiovascular, ( ) digestive / elimination, ( ) endocrine, ( ) bone, ( ) reproductive, ( ) infectious, and or ( ) other.

14. Please explain any condition that you checked _____

_____

_____

_____

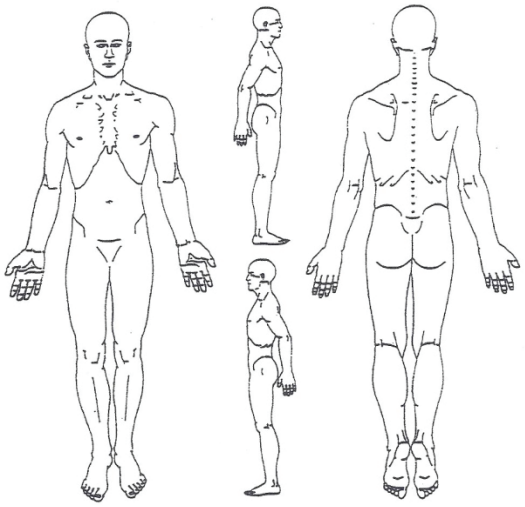
_____

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

_____

# Client Health Intake Form

Please circle any areas of pain and discomfort



I understand that the massage I receive is provided for the basic purpose of relaxation and relief of soft tissue pain and discomfort. 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 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 therapists part should I fail to do so.

Signature _____Date_____

**OR License #7046 • WA License #4514**