Massage Intake Form - Confidential Information

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.

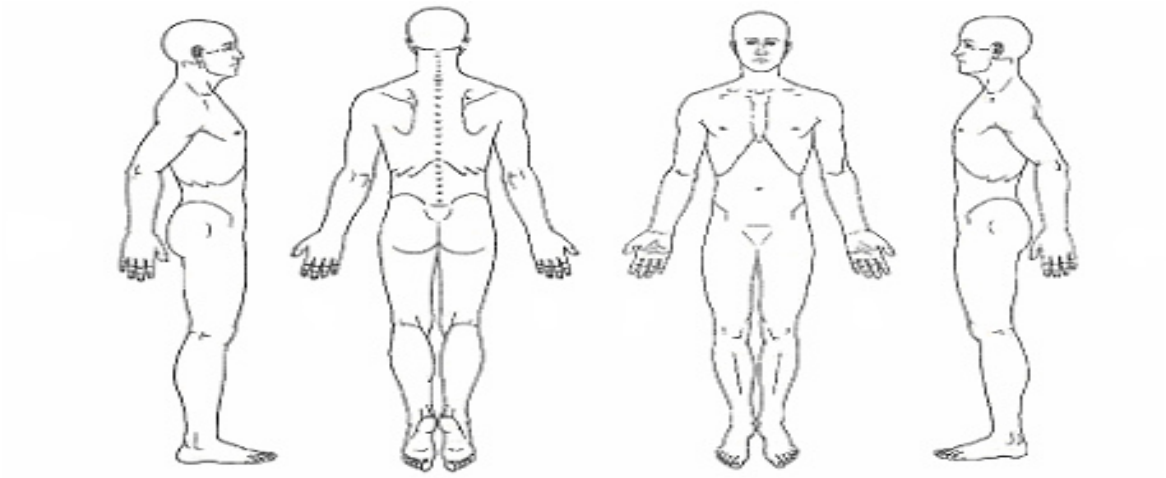
Name_____ Date of Birth_____
Address_____ City/State/ZIP_____
Phone_____ Home/Work/Mobile Email_____
Preferred method of contact: Phone / Email (please circle one)
Emergency Contact (Name & Number) _____
Are you currently prescribed any medications? ___ Yes ___ No
If so, please list name and reason for medications _____
_____
_____
Are you currently seeing a healthcare professional? ___ Yes ___ No
If so, please list names and reason/treatment
_____
_____
_____

Please review this list and indicate yes by placing an X or Y next to conditions that are currently affecting your health or have in the past.

___ arthritis	___ diabetes	___ depression/anxiety
___ blood clots	___ diverticulitis	___ headaches/migraines
___ broken/dislocated bones	___ bruise easily	___ cancer
___ heart/circulatory conditions	___ neurological disorders	___ chronic pain
___ spinal/disc issues	___ back problems	___ insomnia
___ digestive/GI issues	___ hepatitis	___ seizure conditions
___ skin conditions	___ numbness/tingling	___ jaw pain/TMJ issues
___ varicose veins	___ asthma/lung issues	___ auto-immune
___ pregnancy (# of weeks ___)	___ high/low blood pressure	___ osteoporosis
___ surgeries/injuries	___ sinus issues	___ allergies/sensitivities

If you have indicated yes to any of the above conditions, please explain below
_____
_____
_____

Please indicate with an (X) the areas, if any, in which you are feeling discomfort:



The following sometime occurs during massage and they are normal responses to relaxation. Trust your body to express what it needs to:
Need to move or change position - sighing/yawning/changes in breathing
Stomach gurgling - emotional feelings and/or expression
Movement of intestinal gas - energy shifts - falling asleep - memories

Please read the following and sign below, acknowledging:

1. Massage therapy is not intended to treat, diagnose, or cure any specific illness, disease or disorder, nor is it a substitute for medical treatment or diagnosis when such attention is needed. Likewise, nothing said or done by the therapist should be construed as such.
2. I give the therapist permission to work on my body, while appropriately and modestly draped, and agree to be in communication with my therapist at any time if I feel discomfort, pain or have any questions regarding the therapy.
3. This is a therapeutic massage and any sexual or suggestive remarks or advances made by me are grounds for immediate termination of the session and that I will be liable for payment of scheduled treatment.
4. All information given on this confidential health form is accurate to the best of my knowledge and that the therapist may not be held liable for any lacking or misinformation given by me in this health history.

Signature _____ **Date** _____