

CONFIDENTIAL CLIENT INTAKE

Name _____

Home Phone _____

Address _____

Business Phone _____

City, State & Zip _____

Cell Phone _____

Birth Date _____ Email address _____

What would you like to accomplish in today's session? _____

How is your health today? _____

Have you had any major surgeries or accidents that affect your health now? _____

Do you have any chronic conditions that affect your health? _____

Are you currently under a doctors care? _____ Are you pregnant? _____ Trimester _____

Are you taking any medication that I should be aware of? _____

Do you have any skin conditions? _____

I understand that the massage therapy given here is for the purpose of stress reduction, relief from muscular tension or spasm, or for increasing circulation. I understand that the massage therapist does not diagnose illness, disease, or any other physical or mental disorder. The massage therapist prescribes neither medical treatment nor pharmaceuticals, nor performs any spinal manipulations. It has been made very clear to me that this massage therapy is not a substitute for medical examinations and/or diagnosis. However, since a massage therapist must be aware of existing physical condition, I have stated all my known medical conditions, and will keep the massage therapist updated on my physical health.

SIGNATURE _____

Today's Date _____

Please indicate below areas of discomfort

