

Date ____/____/____

More Bodywork - Massage Intake Form

Personal Information

Name _____ Phone _____
Address _____ City/State/Zip _____ DOB _____
Occupation _____ Employer _____
Email _____ Primary Physician _____
Emergency Contact _____ Relationship _____ Phone _____
How did you hear about us?

Medical Information

Are you taking any medications? yes no
If yes, please list name and use:

Are you currently pregnant? yes no
If yes, how far along?

Do you suffer from chronic pain? yes no
If yes, please explain

What makes it better?

What makes it worse?

Any orthopedic injuries? yes no
If yes, please list:

Massage Information

Have you had a professional massage before?
 yes no

What type of massage are you seeking?
 Relaxation Therapeutic/Deep Tissue

What pressure do you prefer?
 Light Medium Deep

Are you sensitive to any fragrances? yes no

Are there any areas (feet, face, abdomen, etc.)
you do not want massaged? yes no

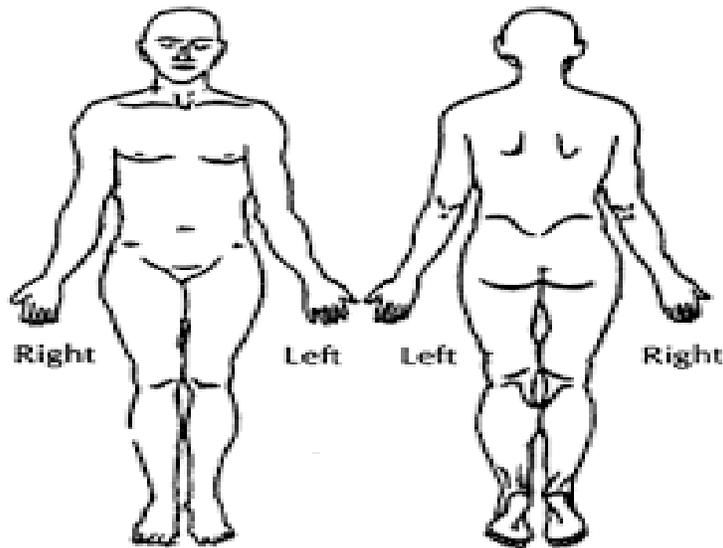
What are your goals for this treatment session?

Please indicate any condition you have had in the past or currently have.

- Stroke
- Heart Attack
- Kidney Dysfunction
- Blood Clots
- Sprains or Strains
- Numbness
- Fibromyalgia

- Diabetes
- Joint Replacement(s)
- High/Low Blood Pressure
- Headaches/Migraines
- Arthritis
- Cancer
- Other _____

Please indicate any areas of discomfort:



Consent for Treatment

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork 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 of which I am aware. I understand that massage/bodywork practitioners 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/bodywork 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 practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. Understanding all of this, I give my consent to receive care.

Client Signature: _____ Date: _____

Parent or Guardian Signature (Minors only): _____ Date: _____