

Massage Intake Form

Name _____ Phone (Home) _____
(Last, First, Mi)
Mailing Address _____
City State Zipcode
Phone (Cell) _____ Phone (Work) _____
Emergency name and number _____
Married _____ Single _____ Other _____ Date of Birth _____ Age _____
Email Address _____
Major Complaint _____ Social Security No. _____
Who (or what source) referred you? _____

Health Data

Allergies: _____ Reason for visit: _____
Have you had a massage before? _____ What kind? _____
Any injuries within the last 72 hours? _____ If yes what kind? _____

Check all that apply:

<input type="checkbox"/> breathing problems	<input type="checkbox"/> bruise easily
<input type="checkbox"/> carpal tunnel	<input type="checkbox"/> Contact lenses
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Exercise injury
<input type="checkbox"/> heart problems	<input type="checkbox"/> high blood pressure
<input type="checkbox"/> medications	<input type="checkbox"/> migraines
<input type="checkbox"/> pregnant	<input type="checkbox"/> psychotherapy
<input type="checkbox"/> sinuses	<input type="checkbox"/> sciatica
<input type="checkbox"/> suffer from stress	<input type="checkbox"/> TMJ (jaw pain)
<input type="checkbox"/> cancer	<input type="checkbox"/> last consumption of alcohol
<input type="checkbox"/> auto accident	

Informed consent: The above information is accurate to the best of my knowledge and I freely give my permission to be massaged. I agree to inform the therapist of any experience of pain during the session. I understand this does not deter me from seeking medical treatment for medical conditions.

I understand that no inappropriate comments or conduct will be tolerated. Any indication of such behavior will automatically end the session.

I agree to update the massage therapist in regard to changes in my health and understand that there shall be no liability on the therapist's part should I forget to do so. I agree to hold harmless the establishment, therapist and office help from any all claims. I agree to handle suit as its sole expense and agree to bear all cost related even if claims, ect., are groundless, false and fraudulent. Payment is expected at time of service.

Signature

Date