

**Client Health Intake (Massage Therapy)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

E-mail: \_\_\_\_\_ Referred by: \_\_\_\_\_

**Confidential Health History:** *Please read the following questions and answer them with an X.*

Have you ever had a professional Massage? Yes\_\_\_ No\_\_\_

Do you suffer from back pain? Location \_\_\_\_\_ Yes\_\_\_ No\_\_\_

Do you have any spinal conditions (scoliosis, lordosis, vertebral fusions)? Yes\_\_\_ No\_\_\_

Do you suffer from arthritis? Location \_\_\_\_\_ Yes\_\_\_ No\_\_\_

Do you experience frequent headaches? Yes\_\_\_ No\_\_\_

Do you have tension or soreness in a specific area? \_\_\_\_\_ Yes\_\_\_ No\_\_\_

Have you ever had surgery? \_\_\_\_\_ Yes\_\_\_ No\_\_\_

Are you pregnant or nursing? (Females Only) Yes\_\_\_ No\_\_\_

Are you taking any medications? List \_\_\_\_\_ Yes\_\_\_ No\_\_\_

Do you have any cardiac or circulatory problems? Yes\_\_\_ No\_\_\_

Do you have any allergies, rashes, skin conditions or fungal infections? Yes\_\_\_ No\_\_\_

Are you sensitive/allergic to any oils or lotions (especially nut oils) ? Yes\_\_\_ No\_\_\_

Are you being treated for cancer? Yes\_\_\_ No\_\_\_

Do you have varicose veins? Location \_\_\_\_\_ Yes\_\_\_ No\_\_\_

Do you have high/low blood pressure? Yes\_\_\_ No\_\_\_

Do you have any other medical conditions or current injuries I should be aware of (including cuts, scrapes, bruises, lesions)? Yes\_\_\_ No\_\_\_

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I understand that massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. 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. 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 forget to do so. It is also understood 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.

Client  
Signature \_\_\_\_\_ Date: \_\_\_\_\_