Massage & Body Work Client Intake Form

Name ______________________ Date of birth ____________ Age ______

Address ______________________ Phone ____________

City ______________ State ______ Zip ________ Sex M F OTHER

Email ______________________ Weight ____________ Height ____________

Reason for Visit

Primary reason for visit? ______________________

When did you first notice it? ______________________

What brought it on? ______________________

Describe any stressors occurring at the time ______________________

What activities provide relief? ______________________

What makes it worse? ______________________

Is the condition getting worse? Y N Interfere with work? Y N Sleep? Y N Recreation? Y N

History

Exercise frequency: ______________ Exercise type: ______________

How much water do you drink per day? ______________________

Current medications and/or supplements, remedies: ______________________

Allergies (specific allergen & reaction): ______________________

Injuries/surgeries (year & type): ______________________

Falls or injuries to the sacrum/head/tailbone? Y N If yes, please describe: ______________

Accidents, traumas or other: ______________________

Goal(s) for today: ______________________

Long term goals: ______________________

Have you had massage therapy/body work before? Y N How often? ______________

Are you pregnant? Y N If yes, how far along are you? ______________

How many pregnancies have you had? ________ Births? ________ Terminations? ________

Do you use any methods of birth control? Y N If yes, what type? ______________

Do you have any issues or concerns relating to these topics? Circle all that

Y	N	Gastrointestinal	Y	N	Lifestyle, emotional &/or spiritual
Y	N	Pregnancy / menopause	Y	N	Female reproductive history
Y	N	Male reproductive history			

If yes to any, please explain: ______________________________

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Do you currently have, or have you had in the past, any of the following? Check all that apply.

PAST	PRESENT		PAST	PRESENT		PAST	PRESENT	
☐	☐	Headache	☐	☐	Trouble getting pregnant	☐	☐	Sciatica
☐	☐	Asthma	☐	☐	Erectile dysfunction	☐	☐	Anxiety
☐	☐	Diabetes	☐	☐	Cuts, burns, bruises	☐	☐	Hernia
☐	☐	Epilepsy	☐	☐	Severe pain	☐	☐	Cancer
☐	☐	High blood pressure	☐	☐	Arteriosclerosis	☐	☐	Fatigue
☐	☐	Low blood pressure	☐	☐	Varicose veins	☐	☐	Fibroids
☐	☐	Crohn's	☐	☐	Dizziness	☐	☐	Musculoskeletal
☐	☐	Constipation	☐	☐	Depression	☐	☐	Skin rash
☐	☐	Painful/irregular menses	☐	☐	Pain when stooling	☐	☐	Stomach ulcer
☐	☐	Pins/pacemaker	☐	☐	Heart disease	☐	☐	Endometriosis

Areas of discomfort? Check all that apply.

☐	Head	☐	Wrist	☐	Hips	☐	Calves
☐	Neck	☐	Hand	☐	Glutes	☐	Feet
☐	Shoulders	☐	Upper back	☐	Hamstrings	☐	Ankles
☐	Upper arm	☐	Mid back	☐	Quads		
☐	Lower arm	☐	Lower back	☐	IT Bands		

Additional comments: ______________________________

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Client Confidentiality & Release

I understand this modality is not a replacement for medical care. The practitioner does not diagnose medical illness, disease, physical and mental conditions or perform spinal manipulations unless specified under their professional scope of practice. The practitioner may recommend referral to a qualified health professional for any physical or emotional conditions I may have. I have stated all my known conditions and take it upon myself to keep the therapist/practitioner updated on my health.

Signature ______________________________ **Date** ______________________________

Massage & Body Work Client Waiver Form

Please take a moment to read and check the boxes for the following information:

- [ ] If I experience pain or discomfort during the session, I will immediately inform my provider so that the pressure/strokes can be adjusted to my level of comfort. I will not hold my provider responsible for any pain or discomfort I experience during or after the session.
- [ ] I understand the services offered today are not a substitute for medical care. I understand that my provider is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat physical or mental illness.
- [ ] I affirm that I have notified my provider of all known medical conditions and injuries.
- [ ] I agree to inform my provider of any changes in my health and medical condition. I understand that there shall be no liability on the providers part should I forget to do so.
- [ ] I understand massage and body work is entirely therapeutic and non-sexual in nature.
- [ ] I understsand and consent to fire cupping, should that be part of the session that the patient and massage therapist has agreed upon. This technique helps relieve symptoms in which cups made of glass are placed on the skin with a vacuum created by heat.
- [ ] By signing this release, I hereby waive and release my provider from any and all liability, past, present and future relating to massage and body work and understand the potential risks and benefits.
- [ ] I have reviewed the policy statement and have read and agreed to the policies therein.

Client name ______________________________

Client signature ______________________________

Provider signature ______________________________ **Date** ______________

Information & Suggestions

- Prior to your massage/body work, please remove all jewelry.
- Pull long hair back with a clip or band.
- In general, massage and body work is given while you are unclothed. You will be covered with a top sheet throughout your session. This is your session and you should be as comfortable as possible!
- Feel free to ask Anthony any questions before, during or after your session. Anthony s a highly trained professional and will be happy to make you feel informed and comfortable.