

Self Endearment

THERAPEUTIC MASSAGE CLIENT HEALTH INTAKE FORM

Name: _____ Date: _____

Address: _____

City/State: _____ Zip: _____

Daytime phone: _____ Evening phone: _____

Birthdate: _____

Email address: _____

How did you hear about Self Endearment? _____

Is this your first professional massage? ___ Yes ___ No

CURRENT HEALTH

Reasons for scheduling massage: _____

Are you currently under the care of a physician or therapist? If yes, for what condition? _____

Please list medications you are currently taking, and the conditions they address. _____

Are you experiencing any pain? _____

Where is the pain, and do you know what caused it? _____

What exercise do you regularly perform? _____

Do you have any allergies or sensitivity to oils, lotions, or scents? _____

Are you pregnant? ___ no ___ yes If yes, what week? _____

What kind of pressure do you prefer? Light, Medium, Deep _____

MEDICAL HISTORY

Please describe any injuries or surgeries in the past 5 years. _____

Do you have, or have you had in the past: (please circle all that apply)

- Allergies
- Asthma
- Arthritis
- Blood clots
- Broken/fractured bones
- Cancer
- Cardiovascular conditions
- Diabetes
- Depression
- Edema (swelling)
- Fibromyalgia
- Headaches
- High/low blood pressure
- Jaw pain (TMJ)
- Numbness
- Osteoarthritis
- Osteoporosis
- Sciatica
- Skin disorders
- Tendon/ligament/
cartilage tear
- Varicose veins
- Low Back, hip, leg pain
- Neck, shoulder, or arm
pain
- Spinal Problems
- Car accident
- Other: _____

EXPECTATIONS — APPOINTMENTS AND CANCELLATIONS

A massage therapy session is an experience jointly created by the therapist and the client. Working together, massage encourages stress relief and body awareness. Your therapist will listen and respond to your words and to the tissues in your body to create a safe, healthy and supportive experience. All sessions are client-centered – your comfort and well-being is the highest priority.

ALCOHOL, DRUGS AND OTHER ISSUES

A client's use of alcohol and other drugs diminishes the ability of the therapist to achieve desired results and may be cause to terminate the session. Any behavior that might be interpreted as sexual in nature is cause to terminate the session.

REFERRALS

If you are experiencing a condition that contraindicates massage, you may be referred to another appropriate healthcare provider. We will not diagnose, prescribe drugs, or give advice to clients regarding their medical condition.

PRIVACY

All client information is held strictly confidential except where required by law.

Signature: _____ Date: _____

Emergency contact/Relationship _____

Phone number: _____