

Massage Intake Form - CONFIDENTIAL INFORMATION

WELCOME! I would like to make your appointment as pleasant and comfortable as possible. If at any time you have questions, please let me know.

Name: _____ Date of birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home: _____ Work: _____ Cell: _____

Occupation: _____ How long: _____

Have you ever received massage therapy? Yes _____ No _____

Type of massage experienced (swedish, shiatsu, deep tissue, etc.)

Are you currently taking any medications? Yes _____ No _____

If yes, please list name and reason for medications: _____

Are you currently seeing a Doctor? Yes _____ No _____

If yes, please list names and reason/treatment: _____

Please review this list and check those conditions that have affected your health either recently or in the past. Place a check mark next to the condition.

- | | | |
|---|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Stroke | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Blood clots | <input type="checkbox"/> Surgery | <input type="checkbox"/> Whiplash |
| <input type="checkbox"/> Broken/Dislocated Bones | <input type="checkbox"/> Headaches | <input type="checkbox"/> Panic Disorder |
| <input type="checkbox"/> Bruise Easily | <input type="checkbox"/> Back Problems | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Depression | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Constipation/Diarrhea | <input type="checkbox"/> High Blood Pressure | |
| <input type="checkbox"/> Auto-Immune Condition | <input type="checkbox"/> Muscle Strain/Sprain | |
| <input type="checkbox"/> Hepatitis (A, B, C, other) | <input type="checkbox"/> Pregnancy | |
| <input type="checkbox"/> Skin Conditions | <input type="checkbox"/> Scoliosis | |

If any of the above needs to be detailed or if there is anything else to share,

please do so: _____
