Date:_____ **Client Intake Form – Therapeutic Massage**

Renew My Body™

Massage & Spa

Personal Information:

Name_____ (Home) Phone _____ (Mobile) Phone_____

Address_____

City/State/ Zip_____

Email_____ Date of Birth_____ Occupation_____

Would you like to receive our newsletter featuring specials and new products? Yes No

Emergency Contact_____ Phone_____

In order to plan a massage session that is safe and effective, please provide some general information about your medical history and daily routine. Please answer the questions to the best of your knowledge.

How did you hear about our office? Walk-In ( ) Google ( ) Groupon/Living Social ( ) Other ( )_____

Have you had a professional massage before? Yes No If yes, how often do you receive massage therapy?_____

Do you have any difficulty lying on your front, back, or side? Yes No

If yes, please explain_____

Do you have any allergies to oils, lotions, fragrances, or ointments? Yes No Do you have sensitive skin? Yes No

If yes, please explain_____

Are you wearing contact lenses ( ) dentures ( ) a hearing aid ( )?

Do you sit for long hours at a workstation, computer, or driving? Yes No

If yes, please describe_____

Do you perform any repetitive movement in your work, sports, hobby or daily routine? Yes No

If yes, please describe_____

Do you experience stress in your work, family or other aspect of your life? Yes No

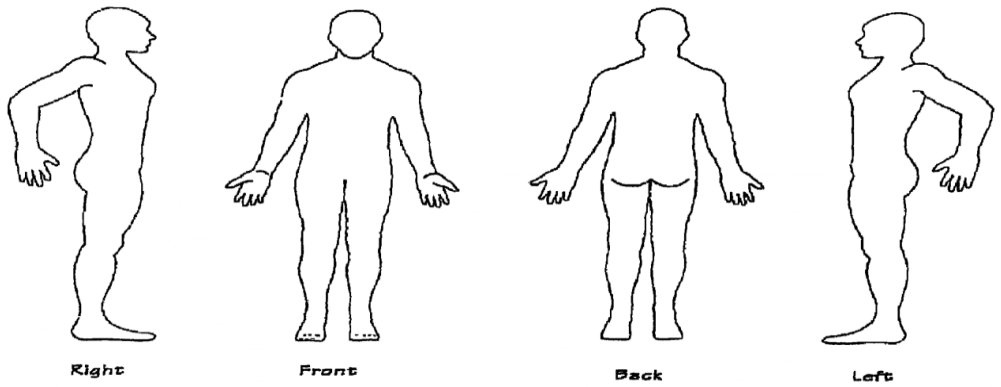
How do you think it has affected your health? Muscle tension ( ) Anxiety ( ) Insomnia ( ) Irritability ( ) Other ( ) ____

Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort? Yes No

If yes, please identify_____

Please (√) Any areas you DO NOT want worked: Glutes ( ) Chest ( ) Feet ( ) Neck ( ) Other ( ) _____

Circle any specific area(s) you would like the massage therapist to concentrate on during the session:



Do you have any particular goals in mind for this massage session?_____

Please (√) Any areas you DO NOT want worked: Glutes ( ) Chest ( ) Feet ( ) Neck ( ) Other ( ) _____

Draping will be used during the session – only the areas being worked on will be uncovered.

Medical History

Are you currently under medical supervision? Yes No Are you currently taking any medication? Yes No

If yes, please list_____

Do you see a chiropractor? Yes No If yes, how often?_____

Please check any condition listed below that applies to you:

( ) contagious skin condition /stds/HIV/Aids
( ) open sores or wounds
( ) easy bruising
( ) recent accident or injury
( ) recent fracture
( ) recent surgery
( ) artificial joint
( ) sprains / strains
( ) current fever
( ) swollen glands
( ) allergies / sensitivity / eczema
( ) heart condition / circulatory disorder
( ) uncontrolled high or low blood pressure
( ) atherosclerosis
( ) Rotor Cuff injury
( ) phlebitis
( ) deep vein thrombosis / blood clots / varicose veins
( ) joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis
( ) osteoporosis
( ) epilepsy
( ) headaches / migraines
( ) cancer
( ) uncontrolled diabetes
( ) decreased sensation
( ) back / neck problems
( ) Fibromyalgia
( ) TMJ
( ) carpal tunnel syndrome
( ) tennis elbow / golfer's elbow / runner's knee
( ) joints that are easily dislocated
( ) Under 17? *Clients under the age of 17 must be accompanied by a parent/legal guardian during the entire session or informed written consent must be provided by parent/legal guardian at time of session.*

Are you pregnant? Yes No If yes, how many months? 1 – 3 ( ) 3 – 6 ( ) 6 – 9 ( ) (See Additional Form)

Please explain any condition that you have marked above:_____

_____

Is there anything else about your health history that you think would be useful for your massage practitioner to know to plan a safe and effective massage session for you?_____

_____

I understand that the massage bodywork is a health aid 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 or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical aliment. I understand that the massage therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any mental or physical illness. Because massage 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 therapist updated as to any changed in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so. Any information exchanged during a Massage or Bodywork session is confidential and is only used to provide you with the best health care services. If I am not able to make a scheduled appointment, I agree to cancel the appointment 24 hours in advance. If I miss a scheduled appointment without giving 24 Notice, I agree to pay the missed appointment charge.

Signature of client_____ Date_____

Signature of Massage Therapist_____ Date_____

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