



Massage Therapy & Natural Health Services Intake Form

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Birthdate: \_\_\_\_\_

Emergency Contact (name, relationship, phone number): \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Cell phone carrier: \_\_\_\_\_

Home phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Gender: \_\_\_\_\_ Do you exercise? \_\_\_\_\_

How many ounces of water do you drink daily? \_\_\_\_\_

Have you had a massage before? YES NO If yes, preferred type(s) of massage? \_\_\_\_\_

Reason for appointment today (relaxation, wellness, injury, etc.): \_\_\_\_\_

\_\_\_\_\_

Does your job require repetitive motions that cause you pain or strain? YES NO

Is there anywhere you would prefer the therapist to avoid? YES NO If yes, where? \_\_\_\_\_

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Are you currently under the care of a doctor, chiropractor, or other health professional? YES NO

If yes, please describe why \_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any vitamins, herbs or other supplements? YES NO If yes, which one(s)?

Are you currently taking any medications? YES NO If yes, which one(s)? \_\_\_\_\_

Have you been hospitalized or had any surgeries in the past 5 years YES NO If yes, please provide a brief explanation: \_\_\_\_\_  
\_\_\_\_\_

What results would you like to achieve with your session today? \_\_\_\_\_

Are you currently or have you ever experienced any of the following conditions? Please circle all that apply:

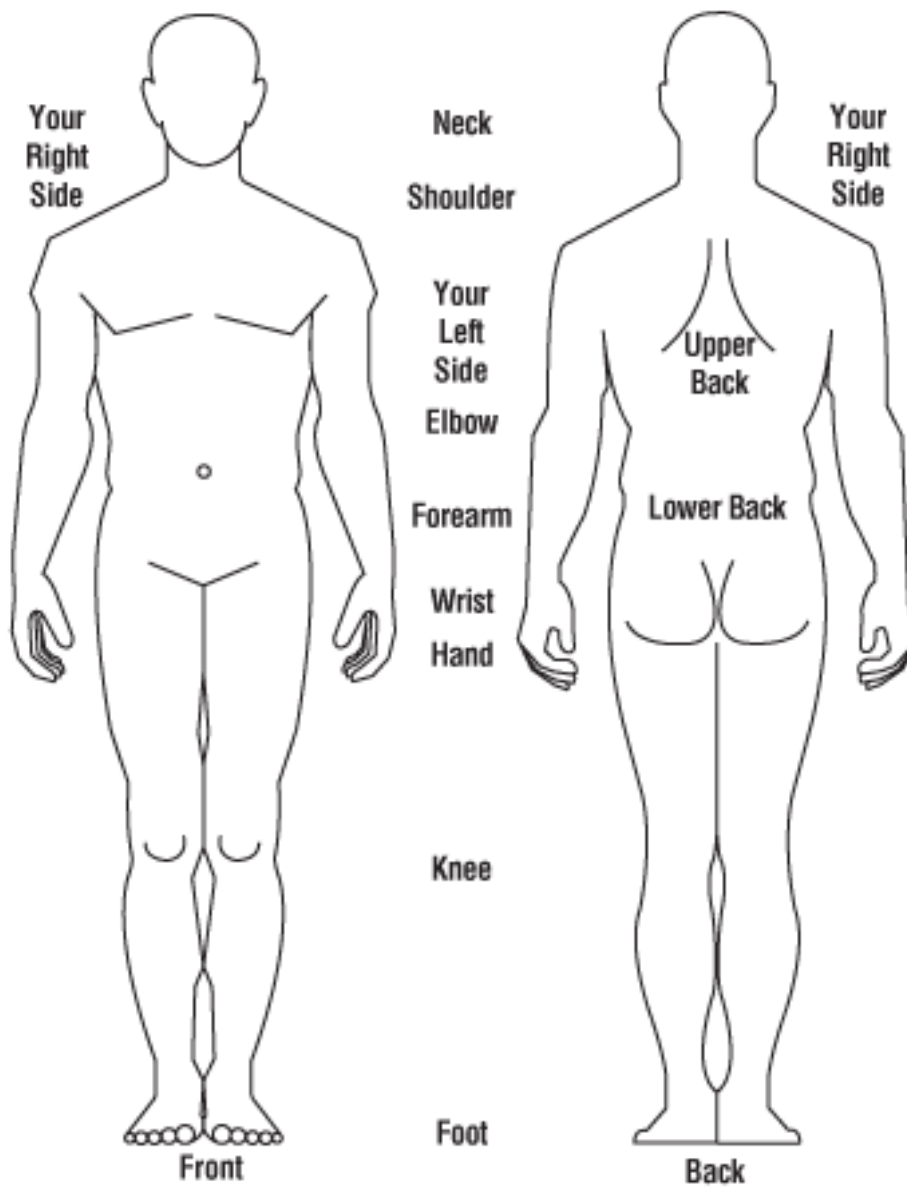
- |  |                             |                         |                    |                    |                            |
|--|-----------------------------|-------------------------|--------------------|--------------------|----------------------------|
| Muscle/ joint pain                     | muscle/ joint stiffness     | numbness or tingling    | swelling           | bruise easily      |                            |
| Sensitivity to touch/ pressure         | high* or low blood pressure | stroke                  | heart attack       | varicose veins     |                            |
| Shortness of breath/ asthma            | cancer                      | neurological disorder   | epilepsy/ seizures | dizziness          |                            |
| Tinnitus                               | headaches/ migraines        | digestive disorder      | kidney disorder    | arthritis          |                            |
| Osteoporosis, degenerative spine/ disk | scoliosis                   | broken bones            | allergies          | diabetes           |                            |
| Endocrine/ thyroid condition           | depression/ anxiety         | memory loss/ confusion  | edema              |                    |                            |
| TMJ syndrome                           | contagious skin condition   | carpal tunnel           | pinched nerve      | gout               | heart condition*           |
| tendonitis/ bursitis                   | athletes foot               | pregnancy*              | fibromyalgia       | contagious disease | open wound*                |
| hepatitis                              | neck/ spine injury          | limited range of motion | HIV/ AIDS          | lupus              | fall asleep while bathing* |
| sleeplessness/ insomnia                | chronic pain                | narcolepsy              | embolism           | clotting problems  |                            |

**\* Contraindicated to receive a mineral bath**

Any other condition that may contraindicate massage therapy, or natural health services?

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Please indicate on the diagrams below if there is anywhere you would like for your therapist to focus on:



By signing below, I acknowledge that I have completed this information form, truthfully, to the best of my knowledge. I understand the massage or natural health services I receive are designed to be a health aid and are in no way to take the place of a doctor's care when indicated. Information exchanged during any massage session is educational in nature and is intended to help me become more familiar and conscious of my own health status and is to be used at my own discretion. I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the 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. I understand the massage therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said during the session given should be construed as such. Because massage therapy 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 massage therapist updated as to any changes in my medical profile during the session and understand that there shall be no liability on the massage therapist part should I fail to do so. I understand the therapist has the right at any time to refuse treatment or terminate the massage session.

Client Full Name (printed): \_\_\_\_\_

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

Therapist Full Name (printed): \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_