



Message Intake Form - Confidential Client Health Information

Name: _____ Date: _____

Address: (Street) _____

(City/Town) _____ (State) _____ Phone #: _____

Email: _____ Occupation: _____

Have you ever received massage therapy before? Yes / No

Style of massage received (Swedish, deep tissue, etc.): _____

Are you currently taking any medications? (If yes, please list below) Yes / No

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

Are you currently seeing (a) healthcare professional(s)? Yes / No

If yes, please list name and primary reason for treatment: _____

Do you have any illnesses, injuries or other medical conditions that are currently impacting your life? Please list:

If anything you checked need to be detailed or if there is anything else to share, please do so:

Do you have any of the following today:

___ skin rash ___ cold/flu ___ open cuts ___ severe pain

___ anything contagious ___ injuries/bruises

Do you have any allergies to:

___ medications ___ foods (nuts, etc.)

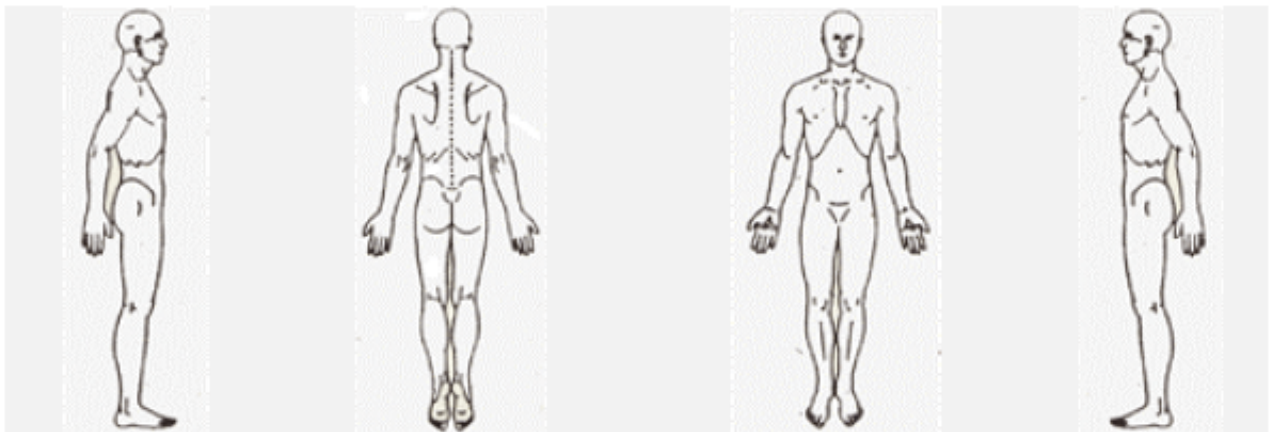
___ environmental allergens (dust, pollen, fragrances)

___ reactions to skin care products

If any of the above are checked, please give details: _____

Are you wearing: ___ contact lenses ___ hearing aid ___ hairpiece

Please indicate with an (X), if any, the areas in which you are feeling discomfort:



Are any areas of your body ticklish? If so, where? _____

What are your goals/expectations for this massage session? _____

Do you have any additional preferences? (e.g. no music, no talking) _____



The following sometimes occurs during massage. They are normal responses to relaxation. Trust your body to express what it needs to: 1) need to move or change position, 2) sighing, yawning, change in breathing, 3) stomach gurgling, 4) emotional feelings and/or expression, 5) movement of intestinal gas, 6) energy shifts, 7) falling asleep, 8) memories

Please read the following information and sign below:

1. I understand that although massage therapy can be very therapeutic, relaxing and reduce muscular tension, it is not a substitute for medical examination, diagnosis and treatment.
2. This is a therapeutic massage and any sexual remarks or advances will terminate the session and I will be liable for payment of the scheduled treatment.
3. Being that massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully.

Signature: _____

Date: _____