Northwest Massage
and holistic healing center

Client Intake Form

personal information

name

address

city | state | zip

home phone | cell phone

email

occupation

marital status

referred by

emergency contact | emergency phone

physician's name | physician's phone

massage experience

Have you had a professional massage before? ☐ Yes ☐ No

If yes, what types of massage have you had?

How long have you been receiving massage therapy?

Frequency of massages?

What were the goals for treatment?

current health

Do you exercise regularly and/or participate in any sports? ☐ Yes ☐ No

If yes, what kind of exercise/sports?

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

If yes, describe?

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

If yes, describe?

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

If yes, describe?

Are you experiencing tension, stiff ness, discomfort or pain? ☐ Yes ☐ No

If yes, describe?

Have you recently had an injury, surgery, or areas of inflammation? ☐ Yes ☐ No

If yes, describe?

Do you have sensitive skin? ☐ Yes ☐ No

Have you recently had an injury, surgery, or areas of inflammation? ☐ Yes ☐ No

If yes, describe?

List any medications you are currently taking

List any known allergies

health history

Musculoskeletal

- ☐ Bone or joint disease
- ☐ Tendonitis / Bursitis
- ☐ Arthritis / Gout
- ☐ Jaw Pain (TMJ)
- ☐ Lupus
- ☐ Spinal Problems
- ☐ Migraines / Headaches
- ☐ Osteoporosis

Circulatory

- ☐ Heart Condition
- ☐ Phlebitis / Varicose Veins
- ☐ Blood Clots
- ☐ High / Low Blood Pressure
- ☐ Lymphedema
- ☐ Thrombosis / Embolism

Respiratory

- ☐ Breathing Difficulty / Asthma
- ☐ Emphysema
- ☐ Allergies, specify:

_____

- ☐ Sinus Problems

Nervous System

- ☐ Shingles
- ☐ Numbness / Tingling
- ☐ Pinched Nerve
- ☐ Chronic Pain
- ☐ Paralysis
- ☐ Multiple Sclerosis
- ☐ Parkinson's Disease

Reproductive

- ☐ Pregnant, stage
- ☐ Ovarian / Menstrual Problems
- ☐ Prostate

Skin

- ☐ Allergies, specify:

_____

- ☐ Rash
- ☐ Cosmetic Surgery
- ☐ Athlete's Foot
- ☐ Herpes / Cold Sores

Digestive

- ☐ Irritable Bowel Syndrome
- ☐ Bladder / Kidney Ailment
- ☐ Colitis
- ☐ Chrohn's Disease
- ☐ Ulcers

Psychological

- ☐ Anxiety / Stress Syndrome
- ☐ Depression

Other

- ☐ Cancer / Tumors
- ☐ Diabetes
- ☐ Drug/Alcohol/Tobacco Use
- ☐ Contact Lenses
- ☐ Dentures
- ☐ Hearing Aids

Any other medical condition(s) not listed:

_____

_____

_____

Please explain any of the conditions that you have marked above:

_____

_____

_____

client agreement

It is my choice to receive massage therapy. I am aware of the benefits and risks of massage and give my consent for massage. I understand that there is no implied or stated guarantee of success of effectiveness of individual techniques or series of appointments. I acknowledge that massage therapy is not a substitute for medical care, medical examination or diagnosis. I have stated all medical conditions that I am aware of and will inform my practitioner of any changes in my health status.

contract for care

I will participate fully as a member of my healthcare team. I will make sound choices regarding my sessions' plan based upon the information provided by my massage therapist. I agree to participate in my own self-care programs and adhere to the plan we select. I agree to communicate with my practitioner any time I feel my well-being is being compromised. I expect my practitioner to provide safe and eff ective treatment to the best of his or her skills and knowledge.

_____ _____

Client signature (or parent / guardian if under 18) *Date*