

Client Intake Form

(For Joanna Barnes)

New Client: yes no (please circle)

Date: _____

Name: _____ Birthday: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Cell: _____

E-mail: _____ Occupation: _____

What type of pressure do you prefer? Light _____ Medium _____ Deep _____

What are your physical complaints? (if any) _____

What areas do you need worked on most? _____

Any areas you do not like worked on? _____

History of injuries, illness, surgery, allergies: _____

Medications: _____

Please indicate the problem areas (pain, numbness, tingling, stiffness, etc.)

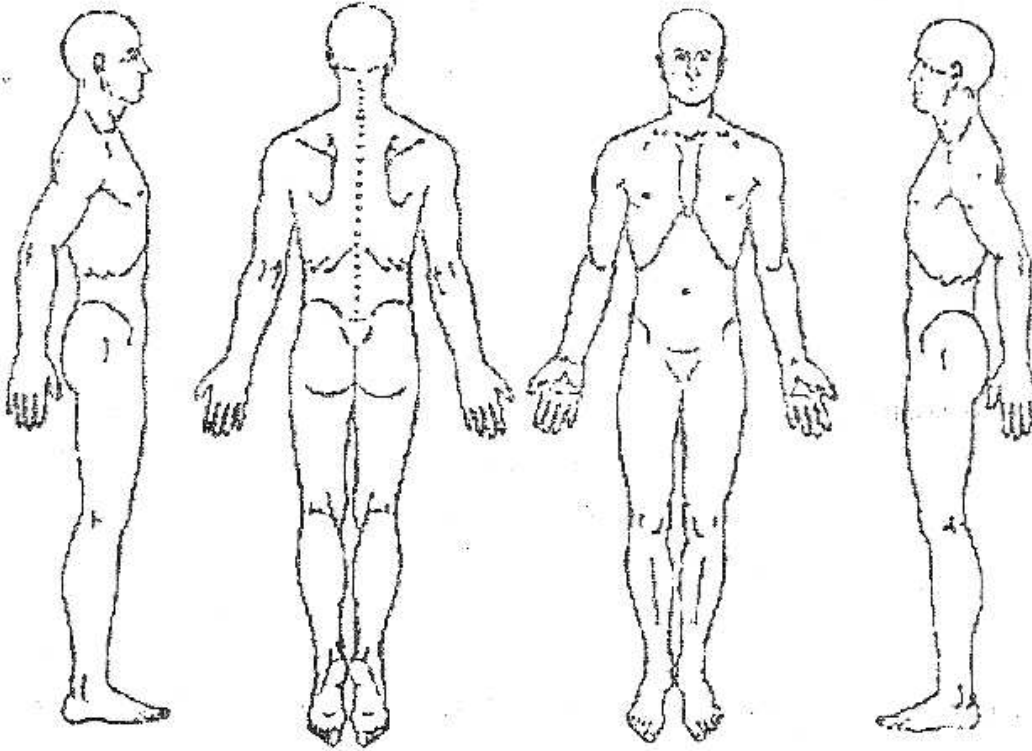
Continue to fill out Page #2

Any other condition: _____

Because a Massage Therapist must be aware of any existing physical condition that I may have, I have listed all known medical conditions and physical limitations and I will inform my Massage Therapist of any changes in my physical health.

I understand and agree that the massage therapy is for the purpose of stress reduction, relief from muscular tension or spasm and improving circulation. The Massage Therapist neither diagnose illness, disease or any other medical, physical or mental disorder, nor perform any spinal manipulation. I am responsible for consulting a qualified physician for any physical ailments that I may have. I agree that the above information is accurate.

Signature _____ Date _____



History (helps determine treatment options)

Musculoskeletal

- Osteoporosis
- Arthritis
- Hypothyroidism
- Fibromyalgia
- Chronic Fatigue
- Gout in _____
- Bursitis
- Plantar Fasciitis
- Cysts/Lipomas
- TMJ
- Chronic Headaches
- Tendonitis
- Whiplash
- Strains/Sprains
- Chronic pain in:
 - Neck
 - Low-back
 - Mid-back
 - Upper-back
 - Hip
 - Arm
 - Leg
 - Shoulder
 - Wrist/Hand
- On computer more than 2 hrs/day. No. of hrs: _____

Respiratory

- Pneumonia
- Asthma
- Breathing Problems
- Sinusitis
- Other: _____

Digestive

- Ulcers
- Colitis
- IBS
- Crone's disease
- Gluten Intolerance
- Constipation
- Diarrhea
- Gallstones
- Gas/Bloating
- Chronic Indigestion

Circulatory

- Heart problems: _____
- Stroke
- Palpitations
- Mitral valve prolapse
- Anemia
- Hemophilia
- Hypertension
- Low Blood Pressure
- Peripheral Artery Disease
- Raynaud's Disease
- Varicose veins
- Blood clots/Phlebitis

Skin

- Fungal infections
- Athlete's Foot
- Impetigo
- Eczema/Dermatitis
- Psoriasis
- Easily irritated skin
- Other: _____

Nervous System

- Dizziness
- ALS
- Multiple Sclerosis
- Parkinson's disease
- Bell's Palsy
- Neuritis
- Spinal cord injury
- Trigeminal Neuralgia
- Seizures/Epilepsy

Other

- Diabetes
- Pregnancy
- Cancer
- Kidney disease
- Hepatitis
- HIV/AIDS
- Lupus
- Postoperative: _____
- Cystitis
- High stress
- Grieving
- Anxiety/Panic Attacks
- Bipolar syndrome
- PMS/Menopause difficulties
- Poor sleep/Insomnia
- Allergies affecting:
 - Facial skin
 - Body skin
 - Nose/Sinuses
 - Eyes
 - Stomach/Gut
- Orthopedic pins or plates
- Other: _____