Massage Therapy Client Intake / History

Name _____

Address _____

City_____, WA _____

Phone # ( ) --

E-mail _____

Birth Date _____/_____/_____

Occupation _____

Please check any condition listed below that applies to you:

___contagious skin condition
___open sores or wounds
___easy bruising
___recent accident or injury
___recent fracture
___recent surgery
___artificial joint
___sprains / strains
___current fever
___swollen glands
___allergies / sensitivity
___heart condition
___high or low blood pressure
___circulatory disorder
___varicose veins
___atherosclerosis

___phlebitis
___deep vein thrombosis, blood clots
___ joint disorder, rheumatoid arthritis osteoarthritis, tendonitis
___osteoporosis
___ epilepsy
___ headaches / migraines
___ cancer
___ diabetes
___ decreased sensation
___ back / neck problems
___ fibromyalgia
___ TMJ
___ carpal tunnel syndrome
___ tennis elbow
___ PREGNANCY *If yes, how many months?

Medications (Taking for):

_____( )

_____( )

Authorization: **To the best of my knowledge, the above information is complete and correct. I understand that reporting incomplete or inaccurate information can be dangerous to my health. I understand that I am solely responsible for any errors or omissions that I may made in the completion of this form. I understand that it is my responsibility to inform my health care provider if I ever have a change in health.**
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. 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. I agree to give 24hours notice for a scheduled appointment that I can not keep. I am aware that I may be charged the full fee for any missed sessions or for sessions that I do not give 24hours notice to cancel or reschedule. I am responsible to make payment in full at the time of service unless other arrangements have been made: this includes insurance co-pays.

X_____date: _____/_____/_____

Kazumi Furuichi, LMP