



# Patient Intake Form

Massage

Thank you for filling out this form so that we can better serve your health needs. All information will remain confidential.

## Massage

What is your previous massage experience?

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What is your reason for choosing massage therapy and what results do you expect?

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What are your exercise habits?

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Please circle if you have any of the following conditions:

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|---|-------------------------|
| Allergies (foods, medications, nuts, etc) | Joint Problems          |
| Arthritis                                 | Muscle Strain/Sprain    |
| Anxiety/Depression                        | Phlebitis/Blood Clots   |
| Bleeding/bruising                         | Pregnancy               |
| Blood pressure problems                   | Recent Surgery          |
| Bursitis                                  | Respiratory Problems    |
| Cancer                                    | Seizures/Epilepsy       |
| Cardiac Issues                            | Sinus Problems          |
| Circulation Problems                      | Skin Conditions         |
| Dizziness                                 | Stress                  |
| Headaches                                 | Varicose Veins          |
| Hernia                                    | Vertebral Disc Problems |

### Patient Consent

*Please carefully read the information, then sign. A referral from your primary care provider may be required prior to service being provided. I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session should be construed as such. Because massage/bodywork perform under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to update my practitioner as to any changes in my medical profile and understand that there shall be no liability on the practitioners part should I forget to do so. It is also understood that any elicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.*

Patient Name (Please print): \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_