

MASSAGE AND BODYWORK INTAKE FORM
Confidential Information

Welcome to Back To Touch Massage Clinic, a healing place for your body, mind and soul.
We would like to make your bodywork session as pleasant and comfortable as possible. If at any time you have questions regarding your session, please let us know.

Client Information

Name: _____ Date of Birth _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

E-mail: _____ Occupation: _____

Emergency Contact: _____ Phone: _____

How did you hear about us? _____

Massage History/Session Information

Have you received a massage before? Y__ N__ When? _____ Frequency? _____

What did you like about your treatment _____

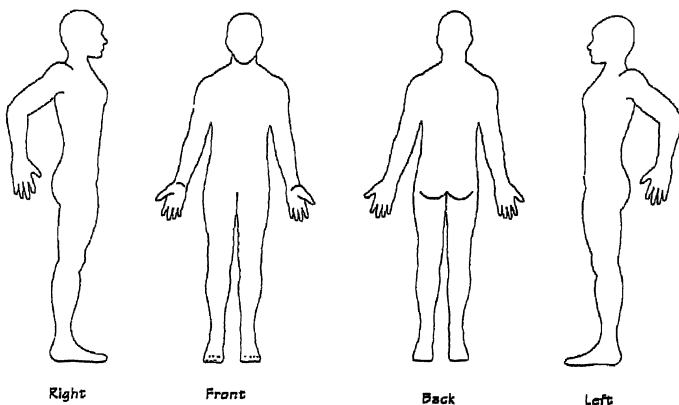
What didn't you like about your treatment _____

What kind of touch do you like? Light ____ Medium ____ Deep ____ Combo ____

Purposes of massage today (relaxation/addressing an injury) _____

Description of injury _____

What are your expectations _____



1. Circle any specific areas you would like the massage therapist to concentrate on during the session.
2. Use provided letters to indicate
P- pain or tenderness
S- joint or muscle stiffness
N- numbness or tingling
3. Please mark on the line below the level of your discomfort/pain

Health Information

Please mark an (X) by all current conditions and (P) for all past conditions:

- | | | |
|--|--|--|
| <input type="checkbox"/> contagious skin condition | <input type="checkbox"/> heart condition | <input type="checkbox"/> headaches/migraines |
| <input type="checkbox"/> open sores or wounds | <input type="checkbox"/> high or low blood pressure | <input type="checkbox"/> cancer |
| <input type="checkbox"/> easy bruising | <input type="checkbox"/> circulatory disorder | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> recent accident or injury | <input type="checkbox"/> varicose veins | <input type="checkbox"/> decreased sensation |
| <input type="checkbox"/> recent fracture | <input type="checkbox"/> atherosclerosis | <input type="checkbox"/> back/neck problems |
| <input type="checkbox"/> recent surgery | <input type="checkbox"/> phlebitis | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> artificial joint | <input type="checkbox"/> deep vein thrombosis/blood clots | <input type="checkbox"/> TMJ |
| <input type="checkbox"/> sprains/strains | <input type="checkbox"/> joint disorder/rheumatoid arthritis/
osteoarthritis/tendonitis | <input type="checkbox"/> carpal tunnel syndrome |
| <input type="checkbox"/> current fever | <input type="checkbox"/> osteoporosis | <input type="checkbox"/> tennis elbow |
| <input type="checkbox"/> swollen glands | <input type="checkbox"/> epilepsy | <input type="checkbox"/> pregnancy, if yes, how many
months _____ |
| <input type="checkbox"/> allergies/sensitivity | | |

Other _____

Elaborate on noted areas above:

Do you wear a Hearing Aid? _____ Contacts? _____ Dentures? _____ Pacemaker? _____

Please list your stress-reduction activities, hobbies, exercise and/or sport participation:

- I understand that therapeutic massage should not be done under certain medical conditions; I affirm that I have completed this form to the best of my knowledge and will inform the massage therapist of any change in my physical health.
- I understand that massage therapist can not diagnose illness, disease, or any other medical, physical, or emotional disorder. I am responsible for consulting a qualified physician for any physical ailments that I have.
- I understand that massage therapy is a therapeutic health aid and is non-sexual. Any sexual remarks or advances will terminate the session and I will be liable for payment of the scheduled treatment.
- I understand that if the massage therapist starts a session late, she will make it up to me at the end of my session if possible, or during next appointment or will reduce my fee accordingly.
- I understand that if I arrive late, my session will end at the originally scheduled time so the client following me is not penalized.
- I agree to give 24-hour notice for a scheduled session 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 24-hour notice to cancel or reschedule.
- I agree to pay in full at the time of my treatment, unless other arrangements are made in advance.

Client signature: _____ Date _____