Master Therapy Massage Center

CONFIDENTIAL CLIENT INFORMATION
MASSAGE INTAKE FORM

Welcome! We want to make your appointment as pleasant and comfortable as possible.
If at any time you have questions regarding your therapy session, please, let us know.

NAME _____ CELL # _____ HOME # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ AGE _____ ❑ MALE ❑ FEMALE MARITAL STATUS _____

OCCUPATION _____ WORK # _____ REFERRED BY _____

HAVE YOU EVER RECEIVED MASSAGE THERAPY? ❑ YES ❑ NO

TYPE OF MASSAGE EXPERIENCED: ❑ DEEP TISSUE ❑ SWEDISH ❑ OTHER_____

ARE YOU TAKING MEDICATIONS? _____ DESCRIBE _____

ARE YOU PREGNANT? ❑ YES ❑ NO HAVE YOU CONSUMED ALCOHOL IN THE PAST 24 HOURS? ❑ YES ❑ NO

DO YOU HAVE A HISTORY OF THE FOLLOWING?

❑ accident	❑ sprains	❑ mastectomy
❑ neck pain	❑seizures	❑ breast augmentation
❑ whiplash	❑abdominal pain	❑ diabetes
❑ headaches	❑ nervous tension	❑ varicose veins
❑ shoulder pain	❑ arthritis, bursitis or gout	❑ high blood pressure
❑ upper back pain		❑ stroke
❑ mid back pain	❑ allergies to oils or perfumes	❑ heart attack
❑ lower back pain		❑ cancer
❑ joint ache	❑ wear contacts	❑ colitis
❑ decreased range of motion	❑ scoliosis	❑ HIV
	❑ surgery	❑ _____
❑ broken bones	❑ fibromyalgia	❑ _____
❑ sciatica	❑ carpel tunnel syndrome	❑ _____

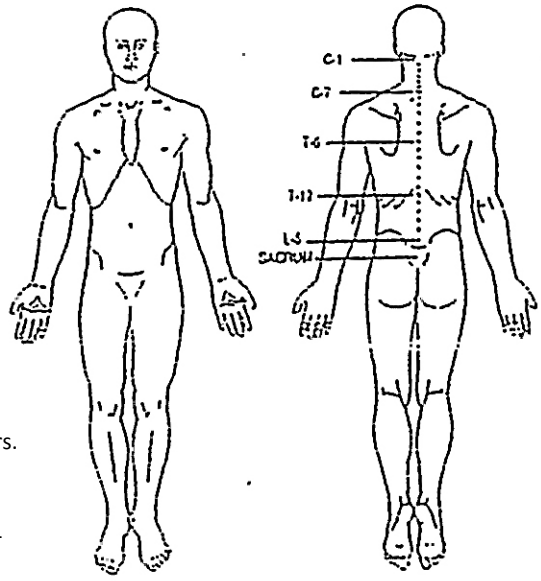
Please, indicate your consumption level:

	None	Light	Moderate	Heavy
salt	❑	❑	❑	❑
sugar	❑	❑	❑	❑
caffeine	❑	❑	❑	❑
tobacco	❑	❑	❑	❑
alcohol	❑	❑	❑	❑
water	❑	❑	❑	❑
exercise	❑	❑	❑	❑

DO YOU HAVE ANY OF THE FOLLOWING TODAY?

❑ sunburn	❑ open cuts, bruises, burns
❑ inflammation	❑ irritated skin rash
❑ severe pain	❑ poison ivy
❑ headache	❑ cold/flu

PLEASE, INDICATE THE AREAS OF DISCOMFORT WITH AN "**X**"



WHAT ARE YOUR GOALS/EXPECTATIONS FOR THIS THERAPY SESSION?

_____
_____
_____
_____

PLEASE READ THE FOLLOWING AND SIGN BELOW:

- I understand that this massage is not a replacement for medical care and that no diagnosis will be made.
- I am responsible for paying for any appointment cancellation of less than 24 hours.

DATE _____ SIGNATURE _____