Mindful Therapeutic Massage

Client Intake Form

Name _____ Phone _____

Address _____ City _____ State/Zip _____

Email _____ Ok to Text/Email? Yes / No

DOB _____ Occupation _____

Emergency Contact _____ Phone _____

Please take a few moments to answer the questions below, providing thorough explanations as necessary. I rely on detailed, accurate information in order to customize a safe, therapeutic session for your body. While massage is a wonderful complement to standard medical treatments, there are some health conditions for which massage may be contraindicated, or may require a referral from your primary care provider prior to the service.

Have you ever had a professional massage? _____ If yes, when was last? _____
What are your goals for your session today? _____
What is your current stress level (0-10, 10=most severe) _____
Do you have tension or soreness in a specific area? _____
Are you sensitive to touch or pressure in any area? _____
What types of exercise and self care do you practice? _____
Any past injuries or surgeries? _____
Do you have or have you ever been treated for cancer? _____
Please list all medications you currently take _____
Do you have any allergies? _____

Circle Y or N for all that apply to you:

Y N Depression or Anxiety
Y N High Blood Pressure
Y N Cardiac or Circulatory conditions
Y N Herniated/Bulging Discs
Y N Diabetes
Y N Osteoporosis
Y N Arthritis or Autoimmune conditions

Y N Are you pregnant
Y N Varicose veins
Y N Epilepsy or Seizures
Y N Scoliosis
Y N Numbness/Tingling
Y N Stabbing Pains
Y N Edema/Swelling

NOTES:

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 or any future session, I will immediately inform the practitioner so that the pressure/strokes may be adjusted to my level of comfort.

Client signature _____ Date _____