

INTAKE / MEDICAL HISTORY

This questionnaire has been designed to assist your massage therapist. This information will be kept in confidence.

Name: _____ Date of birth: _____ Sex: _____

Address: _____ City, State, Zip: _____

Home/Cell Phone: _____ Occupation: _____

Emergency contact name and phone number: _____

What are your goals for this session? Please list areas of tension, stress, and/or pain you wish to be addressed:

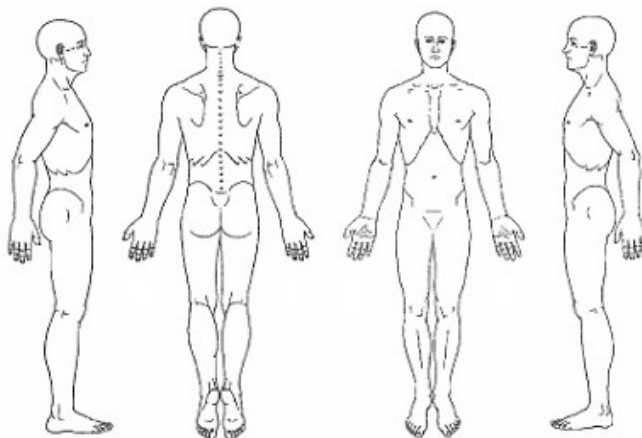
Do you have difficulty lying on your front, back or side? If Yes please explain: _____

Describe any recent injuries, illnesses, broken bones and/or surgical operations:

Please list any additional comments regarding your health and well-being: _____

Females: Pregnant-if so # of months: _____

Circle or check any specific areas you would like the massage therapist to concentrate on.



Consent to Treat

I _____ (print name) understand that the massage I receive is provided for the basic purpose of stress reduction, pain reduction, relief from muscle tension and increasing circulation. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician or other qualified medical specialist for any mental or physical ailment that I am aware of. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so. Draping will be used during the session- only the area being worked on will be uncovered. Session time includes time for dressing and consultation. Informed written consent must be provided by a parent or legal guardian for any client under the age of 18.

Client signature

Date

Parent/Guardian Print and sign

Date