**Massage Intake Form**

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| --- | --- |
| Name & Address: | Email: |
| Contact Numbers: | Date of Birth: |
| Occupation: | Hobbies: |

How did you hear about me?

Have you ever received massage or bodywork before? If yes, what type and how often?

What would you like to receive from this massage?

Would you like me to focus on or stay away from any specific area?

Please check off any of the following conditions or symptoms which apply to you now or in the past:

|  |  |
| --- | --- |
| \_\_\_\_ Neck/Spine Injury | \_\_\_\_ Cancer |
| \_\_\_\_ Back Pain | \_\_\_\_ Fibromyalgia |
| \_\_\_\_ Osteoporosis | \_\_\_\_ Diabetes |
| \_\_\_\_ Pregnancy | \_\_\_\_ Blood Clots |
| \_\_\_\_ High/Low Blood Pressure | \_\_\_\_ Varicose Veins |
| \_\_\_\_ Sports Injury | \_\_\_\_ Skin Infections |
| \_\_\_\_ Hypo or Hyperglycaemia | \_\_\_\_ Contagious Conditions |
| \_\_\_\_ Heart Attack / Stroke | \_\_\_\_ Arthritis |
| \_\_\_\_ Headaches | \_\_\_\_ Other Conditions (write in below) |

Are you currently suffering from any pain related to traumatic experience - Y / N

(i.e.: Car accidents; sports injuries, surgeries) If yes, briefly explain.

Are you currently under the care of a Physician? - Y / N

Are you currently taking any medications - Y / N Please list medication(s) and how often taken:

**I have completed this health form to the best of my knowledge. I understand that massage therapy and Bodywork are a therapeutic health aid and are non-sexual. They do not take the place of a physician's care when indicated. Any information exchanged during a massage or bodywork session is confidential and is only used to provide with the best health care services.**

**If I am not able to make a scheduled appointment, I agree to cancel the appointment 24 hours in advance by phone, unless I have an emergency. In this case, I will call ASAP to reschedule my appointment. If I miss a scheduled appointment without giving 24 hours notice, I agree pay any missed appointment charge applicable.**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_