



CLIENT INTAKE FORM: Please complete and bring to appointment.
CONFIDENTIAL CLIENT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Occupation: _____

Referred by: _____

Primary Reason for Appointment: _____

Areas of Complaint: _____

Check any conditions that apply to you: P = past C = current

Arthritis _____
Asthma _____
Backaches _____
Blood Clots _____
Blood Thinner _____
Cancer _____
Fibromyalgia _____

Fusions _____
Headaches _____
Heart Problems _____
High BP _____
Hip Replacement _____
Knee Replacement _____
Nick/Spine Injury _____
Numbness _____

Osteoporosis _____
Phlebitis _____
Recent Surgery _____
Spinal Problems _____
Stress _____
Thrombosis _____
TB _____
Varicose Veins _____

Medications you are currently taking: _____

Do you have pins or wires in your body? _____

Do you have any other conditions I should be aware of? _____

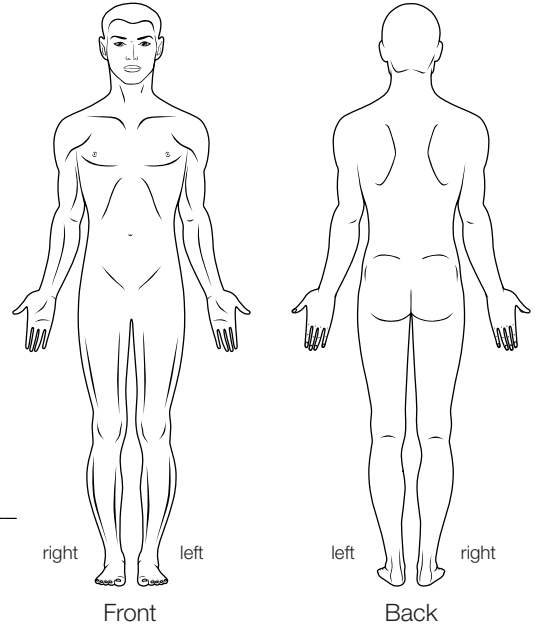
I have read the above information and have stated all of my known medical conditions. I understand that the massage therapy given here is for the purpose of stress reduction, relief from muscular tension or spasm, for increasing energy flow and /or relief from stiff joints. I understand that the massage therapist does not diagnose illness, disease or any other physical or mental disorder. I take it upon myself to update my massage therapist regarding changes in my condition.

Client's Signature: _____

Date: _____

Therapist's Signature: _____

Date: _____



Where Is Your Problem?