

Client Intake Form - Therapeutic Massage

Client Information

Name Jayson Burke Email lee.court@hotmail.com
 Phone (cell/day) 0427 419 691 DOB 01.01.71 Age: 54
 Address 186 McKenzie St Narrabri City/State/Zip NSW
 Emergency Contact Name Courtney Phone 0281 249 Relationship Wife
 Occupation Workshop Supervisor Referred by: Courtney

Health Information

Are you taking any medications? ☐ yes ☒ no If yes, please list: _____
 Any allergies? (oils, lotions, nuts, fruits, skin, etc.) ☐ yes ☒ no If yes, please list: _____
 Are you pregnant? ☐ yes ☐ no If yes, how many months: _____ Due date: _____
 Are you currently under medical supervision or receiving other medical interventions? ☐ yes ☒ no
 If yes, please describe: _____

Areas of swelling	yes no	Diabetes	yes no	Osteoporosis	yes no
Autoimmune disorder	yes no	Fibromyalgia	yes no	Phlebitis	yes no
Back / neck problems	<u>yes</u> no	Headaches	<u>yes</u> no	Sciatica	yes no
Bleeding disorders	yes no	Heart condition	yes no	Seizures	yes no
Blood clots	yes no	Hypertension	yes no	Stroke	yes no
Bruise easily	yes no	Kidney disease	yes no	Tendinitis	yes no
Bursitis	yes no	Multiple sclerosis	yes no	TMJ disorder	yes no
Cancer	yes no	Neurological condition	yes no	Varicose veins	yes no
Contagious condition	yes no	Neuropathy	yes no	Vertigo / dizziness	yes no
Decreased sensation	yes no	Osteoarthritis	yes no		

Areas of broken skin? (e.g. rash, wounds) ☐ yes ☒ no If yes, where? _____

History of joint replacement surgery? ☐ yes ☒ no Which joint(s)? _____

Recent injuries or medical procedures in the past 2 years? ☐ yes ☐ no Please describe: _____

Please describe any other injuries or health conditions: Ankle - 40 years ago.
Dislocated Shoulder & Colou Bone - 38 years, Torn Rib Cartilage - 20 years

Massage Information

Have you had professional massage before? ☒ yes ☐ no How recently? 2 weeks?

Reason for seeking massage: ☒ Relaxation ☒ Specific problem

Please indicate any areas of discomfort

Lower back

How much pressure do you prefer? ☐ Light ☒ Medium ☐ Firm

By signing below, I acknowledge that I am aware of the benefits and risks of massage therapy and that I have completed this form to the best of my knowledge. I also agree to inform my massage therapist of any health or medical changes.

Client Signature _____ Date 18.3.25.

Therapist Signature _____ Date 18.3.25.

