

Client Intake Form - Therapeutic Massage

Client Information

Name Emma Dunmall Email emma.dunmall@gmail.com
 Phone (cell/day) 0412 333 262 DOB 14.2.95 Age: 30
 Address 136 Highfield Lane City/State/Zip Narrabri 2390
 Emergency Contact Name James Phone 0457318467 Relationship Partner
 Occupation Teacher Referred by: —

Health Information

Are you taking any medications? ☒ yes ☐ no If yes, please list: Estelle
 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: Migraines

Massage Information

Have you had professional massage before? ☒ yes ☐ no How recently? 4 months
 Reason for seeking massage: ☒ Relaxation ☒ Specific problem Please indicate any areas of discomfort
 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 Emma Dunmall Date 3.5.25
 Therapist Signature [Signature] Date 3/5/25

