Client Intake Form - Therapeutic Massage

Client Information

Name Colleen Hamilton Email 1941

Phone (cell/day) 67955181 DOB 27/11/~~1941~~ Age:

Address 779 Carbeen Cres City/State/Zip Wee Waa, NSW

Emergency Contact Name Georgie Phone Relationship

Occupation Referred by:

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: Endone

Are you pregnant? ☐ yes ☑ no If yes, how many months: Due date:

Are you you currently under medical supervision or receiving other medical interventions? ☐ yes ☑ no

If yes, please describe:

a little.

Areas of swelling	yes (no)	Diabetes	yes (no)	Osteoporosis	yes (no)
Autoimmune disorder	yes (no)	Fibromyalgia	yes (no)	Phlebitis	yes (no)
Back / neck problems	yes (no)	Headaches	yes (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:

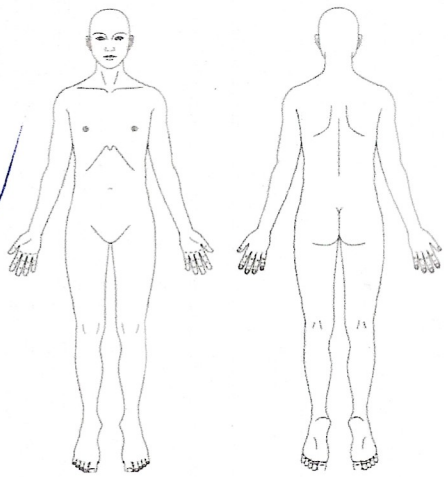
Please describe any other injuries or health conditions: Breast cancer Recovered.
13 Breaks in car accident 2 feet, 5 neck, 2 knees arm plate.
5 years.

Massage Information

Have you had professional massage before? ☑ yes ☐ no How recently? 1 year.

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 Date

Therapist Signature Date