

# Client Intake Form - Therapeutic Massage

## Client Information

Name EILEEN HOLLIDAY Email eileen.holliday@gmail.com  
Phone (cell/day) 0481 977 220 DOB 11/8/73 Age: \_\_\_\_\_  
Address 23 Balonne St City/State/Zip 2390  
Emergency Contact Name Richard McGeorge Phone \_\_\_\_\_ Relationship partner  
Occupation Executive Assistant Referred by: FB. 0481/95526

## 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	<u>yes</u> 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: \_\_\_\_\_

## Massage Information

Have you had professional massage before? ☒ yes ☐ no How recently? \_\_\_\_\_

Reason for seeking massage: ☒ Relaxation ☒ Specific problem Please indicate any areas of discomfort

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

depending on area

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 E Holliday Date 30/1/25

Therapist Signature

Date

