12 pm
5/63 Maitland.

Massage Intake Form

Personal Information

Name Jenny Jones Phone (day) 0428-492517 (evening) _____

Address 7 Cameron St City/State/Zip Narrabri DOB 7/11/60

Occupation Real Estate Agent Employer KR Property

Email meandmrs.jones@bigpond.com Primary Physician Dr. Navin

Emergency Contact Stephen Jones Relationship Husband Phone 0428 938 281

How did you hear about us? at the gym.

Medical Information

Are you taking any medications? ☑ yes ☐ no

If yes, please list name and use: _____

nurofen + panadol

Are you currently pregnant? ☐ yes ☑ no

If yes, how far along? _____

Any high risk factors? _____

Do you suffer from chronic pain? ☑ yes ☐ no

If yes, please explain fibromyalgia

What makes it better? _____

massage, hot bath

What makes it worse? _____

cold + tension

Have you had any orthopedic injuries? ☐ yes ☐ no

If yes, please list: _____

Please indicate any of the following that apply to you.

☐ Cancer	☑ Fibromyalgia
☑ Headaches/Migraines	☐ Stroke
☐ Arthritis	☐ Heart Attack
☐ Diabetes	☐ Kidney Dysfunction
☐ Joint Replacement(s)	☐ Blood Clots
☐ High/Low Blood Pressure	☐ Numbness
☐ Neuropathy	☑ Sprains or Strains

Explain any conditions you have marked above:

tendonitis in wrist.
bursitis in hip.
neck pain

Massage Information

Have you had a professional massage before? ☑ yes ☐ no

What type of massage are you seeking?

☐ Relaxation ☑ Therapeutic/Deep Tissue

Other _____

What pressure do you prefer?

☐ Light ☑ Medium ☐ Deep

Do you have any allergies or sensitivities? ☐ yes ☑ no

Please explain _____

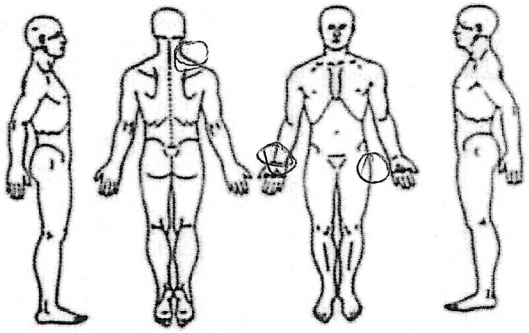
Are there any areas (feet, face, abdomen, etc.) you do not want massaged? ☐ yes ☑ no

Please explain _____

What are your goals for this treatment session?

reduce pain

Please circle any areas of discomfort



By signing below you agree to the following.

I have completed this form to the best of my ability and knowledge and agree to inform my therapist if any of the above information changes at any time.

Client Signature S Jones *Date* 1/7/24

Therapist Signature _____ *Date* 2/7/24