

Client Intake Form - Therapeutic Massage

Client Information

Name Tracey anne mcInnes Email traceymcInnes@yahoo.com.au
Phone (cell/day) 0409819583 DOB 7-9-72 Age: 50
Address 40 Dangar St Narrabri City/State/Zip NSW 2390
Emergency Contact Name Jason McInnes Phone 0429925478 Relationship HUSBAND
Occupation Driveway Attendant Referred by: Tanya

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
Autoimmune disorder yes ☒ no
Back / neck problems yes ☒ no
Bleeding disorders yes ☒ no
Blood clots yes ☒ no
Bruise easily yes ☒ no
Bursitis yes ☒ no
Cancer yes ☒ no
Contagious condition yes ☒ no
Decreased sensation yes ☒ no

Diabetes yes ☒ no
Fibromyalgia yes ☒ no
Headaches yes ☒ no
Heart condition yes ☒ no
Hypertension yes ☒ no
Kidney disease yes ☒ no
Multiple sclerosis yes ☒ no
Neurological condition yes ☒ no
Neuropathy yes ☒ no
Osteoarthritis yes ☒ no

Osteoporosis yes ☒ no
Phlebitis yes ☒ no
Sciatica yes ☒ no
Seizures yes ☒ no
Stroke yes ☒ no
Tendinitis yes ☒ no
TMJ disorder yes ☒ no
Varicose veins yes ☒ no
Vertigo / dizziness 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

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 T. McInnes Date 28/4/23 AM

Therapist Signature [Signature] Date 29/4/23

