Client Intake Form - Therapeutic Massage

Client Information

Name Jennifer Russell Email nodots@hotmail.com

Phone (cell/day) 780-297-1667 DOB Oct. 19 1980 Age: 44

Address 10207-70 st Edm AB T6A 2J5 City/State/Zip

Emergency Contact Name Stewart Todd Phone 61 488 778 633 Relationship Partner

Occupation Best job Referred by: Stewart Todd

Health Information

Are you taking any medications? ☒ yes ☐ no If yes, please list: birth control + pantoprazole.

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 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	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)? ACL reconstruction, left knee 2020.

Recent injuries or medical procedures in the past 2 years? ☐ yes ☒ no Please describe:

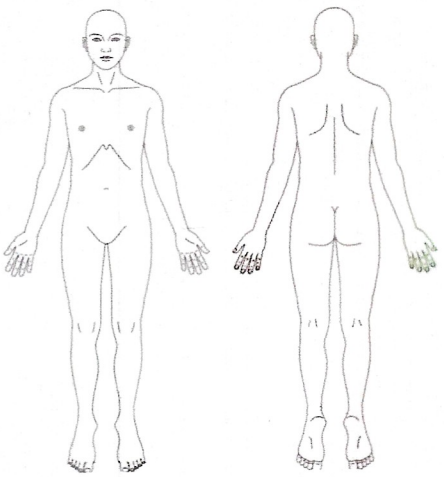
Please describe any other injuries or health conditions:

Massage Information

Have you had professional massage before? ☒ yes ☐ no How recently? 4 weeks.

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 Russell Date Nov 19, 2024

Therapist Signature Date 19/11/24.