

Client Intake Form - Therapeutic Massage

Client Information

Name Courtney Burke Email Court383@outlook.com
 Phone (cell/day) _____ DOB 06.12.83 Age: 41
 Address 186 McKenzie St City/State/Zip _____
 Emergency Contact Name Tyson Phone 0427419691 Relationship Husband
 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: _____
 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: Bursitis
 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 [Signature] Date 15.3.25

Therapist Signature _____ Date _____

