Client Intake Form - Therapeutic Massage

Client Information

Name _Stephen Newton_ Email _newton9912@gmail.com_
Phone (cell/day) _0406 500021_ DOB _23/05/73_ Age: _51_
Address _48 Regent St Narrabri 2390_ City/State/Zip _NSW 2390_
Emergency Contact Name _TONY NEWTON_ Phone _0418438869_ Relationship _BROTHER_
Occupation _ADMIN_ Referred by: _from GOOGLE SEARCH_

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 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)		

Right leg

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: _NIL_

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
to

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 _____ Date _15/03/25_

Therapist Signature _____ Date _15/3/25_