BALANCED BODYWORK CLIENT INTAKE

NAME: _____ DATE: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE: _____ EMAIL: _____

DATE OF BIRTH:_____ OCCUPATION: _____

EMERGENCY CONTACT: _____ PHONE: _____

PERSONAL INFORMATION

The following information will be used to help plan a safe and effective massage session.
Please answer the questions to the best of your knowledge.

1. Have you had a professional massage before? Yes No

   If yes, how often do you receive massage therapy? _____

2. Do you have any difficulty lying on your front, back, or side? Yes No

   If yes, please explain _____

3. Do you have any allergies to oils, lotions, or ointments? Yes No

   If yes, please explain _____

4. Are you wearing contact lenses [ ] dentures [ ] hearing aid [ ] ?

5. Do you sit for long hours at a workstation, computer, or driving? Yes No

   If yes, please describe _____

6. Do you perform repetitive movement in your work, sports, or hobby? Yes No

   If yes, please describe _____

7. Do you experience stress in your work, family, or other aspect of your life? Yes No

   If yes, how do you think it affects your health?

   muscle tension [ ] anxiety [ ] insomnia [ ] irritability [ ] other _____

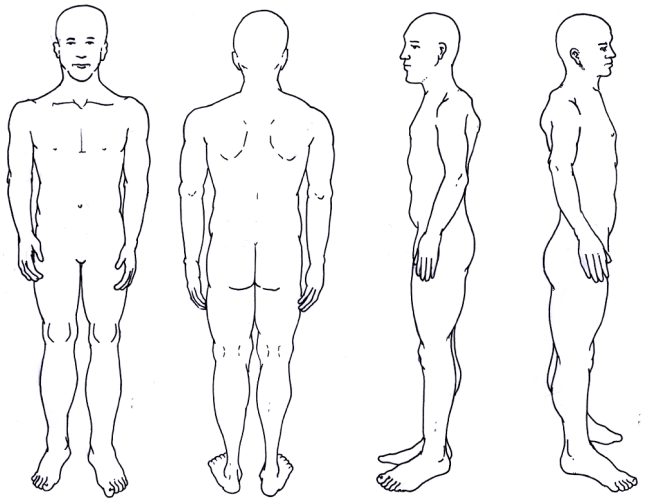
8. Is there a particular area of the body where you are experiencing tension, stiffness, pain or discomfort?

   Yes No If yes, please describe _____

9. Do you have any particular goals in mind for this massage session? Yes No

   If yes, please describe _____

10. Circle any specific areas you would like your massage therapist to concentrate on during the session using the figures here:



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Medical History

In order to plan a safe and effective massage session, please provide general information about your health and medical history.

12. Are you currently under medical supervision? Yes No

If yes, please explain _____

14. Are you taking any medications? Yes No

If yes, please list: _____

13. Do you see a Chiropractor? Yes No If yes, how often? _____

15. Please check any conditions listed below that applies to you:

[ ] contagious skin condition	[ ] heart condition
[ ] open sores or wounds	[ ] deep vein thrombosis/blood clots/phlebitis
[ ] flu or cold symptoms	[ ] high or low blood pressure
[ ] easy bruising	[ ] atherosclerosis
[ ] recent accident/injury	[ ] circulatory disorder
[ ] recent fracture	[ ] joint disorder/rheumatoid arthritis/osteoarthritis
[ ] recent surgery	[ ] osteoporosis
[ ] artificial joint	[ ] cancer
[ ] sprains/strains	[ ] diabetes
[ ] swollen glands	[ ] epilepsy
[ ] tendonitis/bursitis	[ ] fibromyalgia
[ ] back/neck problems	[ ] varicose veins
[ ] headaches/migraines/TMJ	[ ] decreased sensation
[ ] scoliosis	[ ] allergies/sensitivities
[ ] carpal tunnel syndrome	[ ] pregnancy If yes, how many weeks ? _____
[ ] tennis elbow	[ ] other _____

Please explain any conditions you have marked above _____

_____

_____

16. Is there anything else about your health history that you think would be useful for your massage practitioner to know to plan a safe and effective massage session for you?

_____

_____

Draping will be used during the session. Only the area being worked on will be uncovered.
A parent/legal guardian must accompany clients under the age of 18 during the entire session.
Parent/legal guardian must provide informed written consent for any client under the age of 18.

I, _____ (print name), understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnosis, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

Signature of Client _____ Date: _____

Signature of Massage Therapist _____ Date: _____