A Calmness Within Massage Therapy

Client Health Intake Form

Please fill out form completely and sign second page

.

Client Name________________________________ Date: ______________

Address ________________________________ Zip Code: ___________

Email: ________________________________ Birth Date: ___________

Preferred Phone Number/s: ________________________________

Occupation: ________________________________ Referred By: __________

Have you ever received a professional massage? Yes ☐ No ☐

Current Health:

Where are you feeling pain, tension, numbness, tingling? ________________________

____

Do you have limited range of motion? Where? ____________________________

Do you have any allergies/sensitivities to: ☐ oils ☐ lotions ☐ scents ☐ foods

Please describe: ____

Do you wear contact lenses? ☐ Yes ☐ No

What exercise do you regularly perform? ________________________________

Do you have limited range of motion? ☐ Yes ☐ No

Medical History:

Are you presently under a doctor's or therapist's care? ☐ Yes ☐ No

If so, for what? ____

Are you pregnant? No ☐ Yes ☐ If yes, what week?______ ***(also fill out pregnancy intake)***

Please describe any injuries or surgeries in the past 5 years: ________________________

____

Please check any of the following conditions you have now or had in the past:

- ☐ Allergies
- ☐ Asthma
- ☐ Blood clots
- ☐ Broken/fractured bones
- ☐ Cancer (primary site): ________________________
  also fill out oncology intake
- ☐ Diabetes
- ☐ Edema (swelling)
- ☐ Fibromyalgia
- ☐ Headaches
- ☐ Heart disease/attack
- ☐ High/low blood pressure
- ☐ Jaw pain (TMJ)
- ☐ Lymph node removal (specify location): ________________ ________________________
- ☐ Numbness
- ☐ Osteoarthritis
- ☐ Osteoporosis/osteopenia
- ☐ Rheumatoid arthritis
- ☐ Sciatica
- ☐ Skin disorders
- ☐ Slipped/degenerative/fused disc
- ☐ Tendon/ligament/cartilage tear
- ☐ Varicose veins
- ☐ Other, please specify: _______ ________________________

Are you taking any of the following medication?

- ☐ Blood pressure medication
- ☐ Blood thinner
- ☐ Pain killers
- ☐ Cortisone injection
- ☐ Anti-inflammatories
- ☐ Muscle relaxants

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CANCELLATION POLICY:
Our time together is important. Unless you have an emergency, please give 24-hours advanced notice to cancel appointments or you will be charged for full payment of missed sessions.

Our goal at A Calmness Within is to create a soothing and welcoming therapeutic environment and to provide and outstanding massage experience to our clients. All discussion and work between us will remain confidential. As a valued client of A Calmness Within Massage Therapy we want you to feel safe and well taken care of; communication, respect and trust are important to have a successful session together.

Massage therapy is meant to move fluids and energy throughout the body; it can have many benefits including easing muscle tension and pain, promoting relaxation, and reducing stress. Massage is not a substitute for medical advice. We will not diagnose, prescribe drugs, or give advice to clients regarding their medical conditions. A Calmness Within Massage Therapy is strictly non-sexual. Inappropriate behavior is grounds for immediate termination of session.

I acknowledge that all of the information on this form is complete and accurate. By signing this release I hereby waive and release A Calmness Within Massage Therapy and its practitioners from all liability. I understand the therapist may make notes in the Therapist's Notes section below.

Signature: ____ **Date:** ____________________

CLIENT'S DO NOT WRITE BELOW THIS LINE

Therapist's Notes: ____

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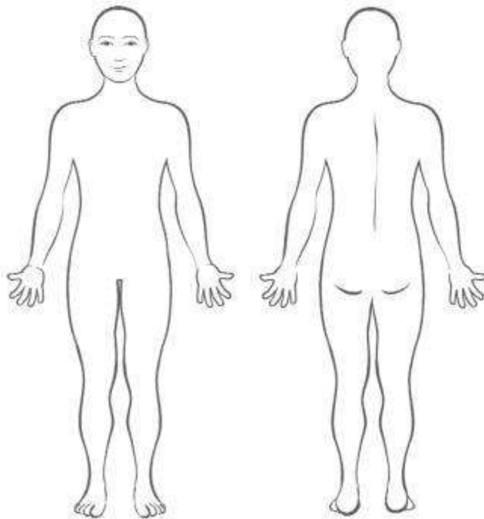
Therapist Signature: ____



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