

## MESSAGE INTAKE

CLINIC & STUDIO

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_ City, State \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_ Age: \_\_\_\_\_  
 By whom were you referred? \_\_\_\_\_

What is your chief complaint or reason(s) for this visit? \_\_\_\_\_

When did you first notice symptoms? \_\_\_\_\_

What improves the condition? \_\_\_\_\_

What worsens the condition? \_\_\_\_\_

Previous massage experience:  Never  Occasional  Often

Have you had surgery or been hospitalized in the past 3 years? \_\_\_\_\_

Have you been involved in an accident or sustained injuries in the last 3 years? \_\_\_\_\_

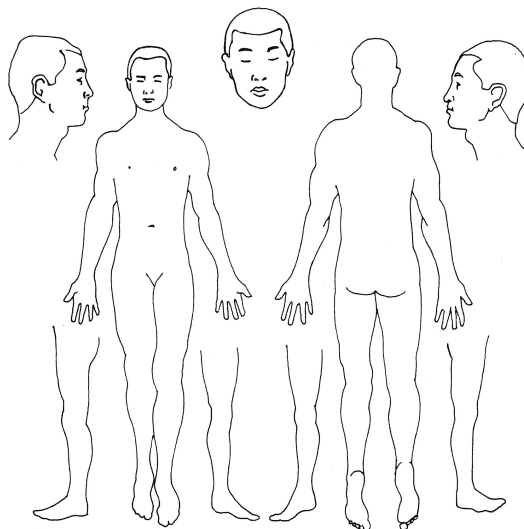
Do you have any chronic conditions that you deal with on a regular basis? \_\_\_\_\_

Are you taking any medications or herbs? Please list. \_\_\_\_\_

Are you currently seeing a doctor for any reason? Please explain. \_\_\_\_\_

Do you have any skin rashes or other skin problems currently? \_\_\_\_\_

### PLEASE MARK PAINFUL OR DISTRESSED AREAS



If you have a specific medical condition or specific symptoms, massage work may be contraindicated. I understand that massage therapists do not diagnose disease, prescribe medicine or manipulate bones. I further understand that massage is not a substitute for medical care. I take responsibility for alerting my practitioner to any changes that occur with my health. I also understand that cancelled or missed appointments without 24 hours notice (medical emergencies excluded) may be charged in full for the price of missed session.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_