

Healthy Body Massage Therapy

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Welcome Intake Form and Confidential Client History Please fill in every box.

Name	Date of Birth Age
Address	Occupation
City State Zip	Physician
Phone Home/Cell	Emergency Contact
Email Address	Emergency Phone

Are you presently experiencing pain, where? _____

What style of massage are you seeking? Relaxation / Pain Relief

Last visit to a doctor or massage therapist? Name: _____ Date: _____

What was treatment for? _____

How do you use your body on a daily basis? Please circle all that apply:

Sitting, Walking, Driving, At a Computer, Thinking, Lifting, Playing, Traveling, Housework

- | | | |
|--|--|--|
| Do you have any of the following? | Circle word = present | Check = past |
| <input type="checkbox"/> Sprains/ strains | <input type="checkbox"/> Numbness | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Fractures/Breaks
Where _____ | <input type="checkbox"/> Surgeries: If yes
When _____ | <input type="checkbox"/> Low/High blood pressure |
| <input type="checkbox"/> Injuries
Type _____ | <input type="checkbox"/> Skin rash | <input type="checkbox"/> Numbness in feet |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Eczema | <input type="checkbox"/> Circulation problems |
| <input type="checkbox"/> Neck Pain | <input type="checkbox"/> Open sores or wounds | <input type="checkbox"/> Varicose veins |
| <input type="checkbox"/> Shoulder pain | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Frozen Shoulder |
| <input type="checkbox"/> Arm pain | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Hand pain | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Back pain | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Leg pain | | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Foot pain | | |

Is your pain from an auto accident at work injury? Yes / No If yes, please explain:
Date: _____ What kind of treatment did you receive? _____

Who can I thank for referring you to Healthy Body Massage? _____

Website Business Card Friend Family Co-worker Client Yellow Pages Google Search

Please read and sign:

I understand that massage practitioners do not diagnose illness, disease, or any physical or mental disorder, nor prescribe medical treatment. I acknowledge that massage is not a substitute for medical examinations or diagnosis, and that it is recommended that I see a primary health care provider for that service. Payment is due at time of service. I have read, understand and agree to the above policy.

Client Signature: _____ Date: _____