

Muscles In Mind Confidential Client Intake Form

Please turn off or silence your cell phone

Name _____ Date of Birth ____/____/____

Mailing Address _____ City _____ State _____ Zip _____

email _____ Initial here if I may send special offers/cards _____

Home phone (____) _____ - _____ Cell Phone (____) _____ - _____ Work Phone (____) _____ - _____

Emergency Contact _____ Phone (____) _____ - _____

Employer/Occupation _____

Hobbies _____ Usual activity level low medium high

What is your energy level recently? low medium high What is your stress level? low medium high

How does stress affect your health? anxiety insomnia irritability muscle tension indigestion

other _____

List stress reduction activities & frequency _____

Have you received therapeutic massage or bodywork before? Yes No _____

What kind? _____ How often? _____ Preferred pressure _____

Date of last massage _____ What did you like/dislike about it? _____

How did you hear about me? _____

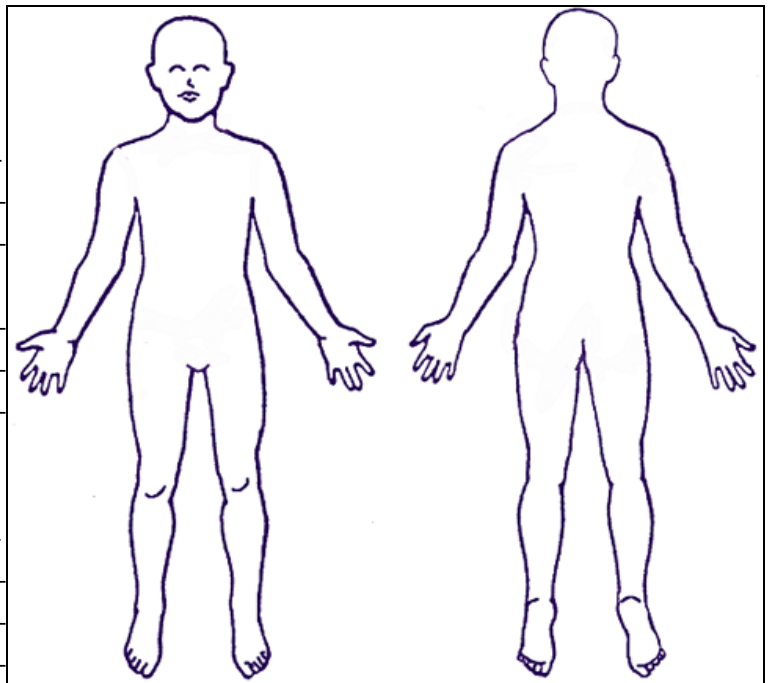
What are your goals for today's session? _____

Is there a particular area of your body where you experience tension, stiffness, pain, or other discomfort? _____
explain _____

Is there any area you do not want worked on?
Like recent injection site, medication patch,
open wound, numb area, rash, bruise, inflamed
joint or other issue... _____

Do you have allergies or sensitivities? Yes No _____

Is there anything else the practitioner should
know in order to give a safe & effective
massage: _____



For my convenience, please be aware of:

contacts hearing aid(s) hairpiece/hair extensions denture _____

Medical Information

Are you pregnant? Yes No How far along? ____Weeks Due Date ___/___/___ Restrictions? _____

Please list past/current conditions illnesses injuries surgeries hospitalizations (within 5 years)

circulatory/blood _____

skin _____

bone/joints _____

autoimmune _____

respiratory/breathing/asthma/sinus problems

viral _____

digestive _____

liver/kidney _____

muscular _____

emotional _____

Are you currently under the care of a physician? _____ If yes, please list names & reason/treatment:

List any supplement, over the counter medication, or prescription you are taking, with the reason:

Are you experiencing any side effects? _____

Because massage is very beneficial for certain conditions, and should not be performed under other medical conditions, I affirm that I have informed the therapist of all known physical conditions, medical conditions, and medications, and I will keep the massage therapist updated on any changes. There shall be no liability on the therapist's part due to my forgetting to relay pertinent information.

I have completed this health form to the best of my knowledge. I understand that Massage Therapy and Bodywork services are a therapeutic health aid and are non-sexual. Any illicit remarks or advances made by me will result in the termination of the session, and I will be liable for full payment of the scheduled appointment. Massage and Bodywork do not take the place of a physician's care when indicated. The therapist does not diagnose or treat any physical or mental illness, prescribe medication, or perform spinal manipulations. Nothing during the session should be construed as such. Any information exchanged during a Massage or Bodywork session is confidential and is only used to provide me with the best health care services. I understand that the massage I receive is for the basic purpose of relaxation and relief of muscular tension or stress. If I experience pain or discomfort during the session, I will immediately communicate that to the therapist so that treatment may be adjusted, if necessary.

Client signature _____ Date ___/___/___

Practitioner signature _____ Date ___/___/___

Consent for treatment of minor: By my signature below I authorize _____ to administer massage therapy for my child or dependent _____ as is deemed necessary.

Parental or Guardian Signature _____ Date ___/___/___