Confidential Client Intake Form ***Alison Day, LMP***

Personal Information

Name _____ Date _____

Street_____ City _____

State _____ Zip _____ Home phone_____ Work phone _____

Occupation _____ Date of Birth _____

Emergency contact _____ Phone _____

E-mail _____

Treatment Information

1. Have you received professional bodywork therapy before?_____ Type _____
2. How would you describe your current health? Circle: poor/fair/good/excellent
3. Reason for your treatment today _____
4. When did the problem begin? _____
5. How is the problem progressing? Circle: better / worse / remains the same
6. Have you had treatment for it before/ _____
7. List areas of your body for which you do NOT want massage today? _____
8. Please list injuries that still affect you and date of injury _____

   _____
9. Please list hospitalizations and/or surgeries _____

   _____
10. Please list medications you are currently taking including pain killers, herbal remedies etc. _____

Medical History

Underline symptoms below that you currently experience or have experienced in the past. Use the space below to provide additional information.

Arthritis	broken bones	joint disorder	osteoporosis
Spinal injury	numbness/tingling	strain/sprain	allergies
Asthma	sinus problems	skin disorders	TMJ disorders
Varicose veins	high/low BP	blood clots	cancer/tumors
Diabetes	heart disorder	concussion	fainting
Depression	fatigue	headaches	migraines
Insomnia	menstrual disorder	epilepsy	chronic pain

(Please turn over)

Additional details of medical history _____
_____
_____

Please underline or circle those of the following that apply today:

Fever	inflammation	infection	contact lenses
Contagious condition	describe _____		
Pregnancy	stage _____	how many previous pregnancies _____	

Lifestyle

Underline or circle those which apply to you

Sleep disorder	caffeine	tobacco
Alcohol	drugs	regular exercise

Stress level……high / moderate / low

I understand that a licensed massage therapist must be aware of any and all existing physical conditions that I have in order to provide appropriate bodywork therapy. I have listed all my known medical conditions and physical limitations and will inform the massage therapist **in writing** on any change in my physical health.

I further understand that a massage therapist can neither diagnose nor prescribe for illness, disease, or any other medical, physical, or emotional disorder, nor performs any thrusting joint or spinal manipulations or adjustments. I am responsible for consulting a qualified primary care provider for any physical ailments that I may have.

I understand that the information given in this intake form is treated as confidential and will not be given to any third party without my written consent.

Being respectful of the therapist's treatment schedule, I agree to give 24 hours notice if I must cancel my appointment otherwise I am responsible for paying for the appointment missed.

Signed _____ Dated _____

(Please turn over)