New Client Health History Intake Form

Please take a few moments to answer the following questions. The information you provide will be used to customize your session to your needs, exclude any techniques that may be medically unsuitable for you, while protecting your privacy.

Name _____ Date of Birth _____

Address _____ City _____

State _____ Zip _____ Phone (H) _____ (W) _____

Email Address _____

Occupation _____ Referred By _____

Emergency Contact _____ Phone _____

Sports/Physical Activities _____

Current Medications _____

Please answer the following to the best of your knowledge:

1. Have you had a professional massage before? ☐ Yes ☐ No
2. Do you have allergic reactions to oils, lotions, nuts or other substances put on your skin? ☐ Yes ☐ No
3. Is there a particular area of your body in which you are experiencing tension, stiffness or other discomfort? ☐ Yes ☐ N

   If yes, please describe _____
4. Do you have any particular goals for this session? _____
5. If you are currently under any medical supervision, please explain _____
6. Please list any accidents or operations _____
7. Please check any condition/symptom listed below that applies to you:

☐ Allergies	☐ Fibromyalgia	☐ Pregnancy-If so, how far along _____
☐ Atherosclerosis	☐ Fractures	☐ Psoriasis
☐ Athletes Foot	☐ Headaches	☐ Rash/Eczema
☐ Artificial Joint	☐ Heart Condition	☐ Recent Accident/Injury
☐ Cancers/Tumors	☐ High or low blood pressure	☐ Recent Surgery
☐ Circulatory Disorder	☐ HIV or AIDS	☐ Rheumatoid Arthritis/Osteoarthritis
☐ Cold Sore/Herpes	☐ Joint Disorder	☐ Scleroderma
☐ Decreased sensation	☐ Lice or scabies	☐ Spinal Problems
☐ Diabetes, Type I or II	☐ Lung or breathing problems	☐ Stroke or blood clots
☐ Digestive problems	☐ Open sores or wounds	☐ Swollen glands
☐ Easy bruising	☐ Osteoporosis	☐ Ulcers
☐ Epilepsy	☐ Phlebitis	☐ Varicose Veins

☐ Contact Lenses ☐ Dentures ☐ Hearing Aid(s) ☐ Difficulty lying on your back, front or sides

8. Anything else about your health history your massage therapist should know before planning your session?

_____

I understand the massage therapy given here is for general wellness purposes, including stress reduction, relief from muscu tension or spasm, promotion of circulation, lymph activity and flexibility. I understand a massage therapist will never touc genitals, breast tissue or other areas I instruct them not to touch. I understand massage therapists do not diagnose illness, disease, or other physical or mental disorder, do not prescribe medical treatment or pharmaceuticals, nor do they perform a spinal manipulations. I understand I should see a doctor or other appropriate health care provider for diagnosis and treatme of any suspected medical problem. I also understand that it is my responsibility to inform the massage therapist of any existing medical conditions I may have and keep the massage therapist informed of any changes in my health and medications in the future.

Signature _____ Date _____