# Down to Earth Therapeutic Massage – Client Intake Form

**Personal Information:**

Name _____ Date _____
Phone number _____ Email address _____
Date of birth _____ Occupation _____
Hobbies _____
Emergency contact person: Name _____
Phone number _____ Relation to client_____

**The following information will be used to help plan a safe and effective massage session. Please answer the questions to the best of your knowledge.**

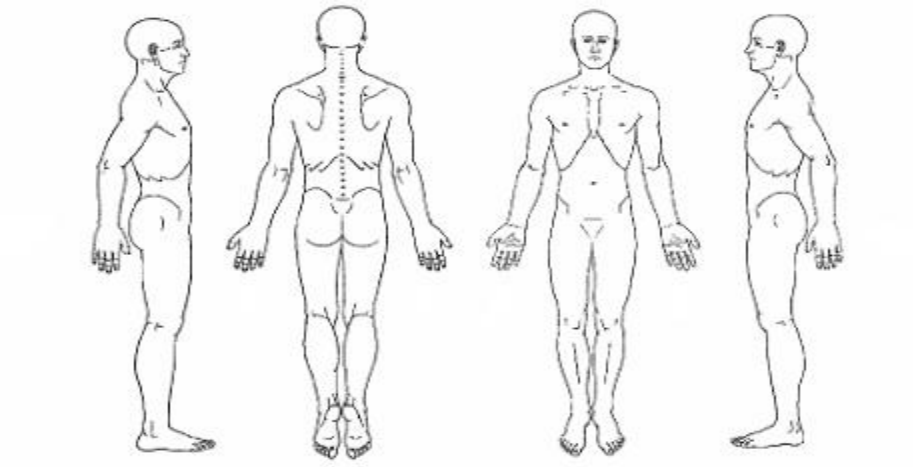
1. Have you had a professional massage before? Yes No
   If yes, date of last massage _____
2. Are you currently under medical supervision? Yes No
   If yes, please explain _____
3. Are you currently taking any medications relevant to your massage today (i.e., blood thinners or pain medication)? Yes No
   If yes, please list _____
4. Please check any condition listed below that applies to you:

___ Allergies/sensitivities _____
___ Asthma
___ Blood clots
___ Bone conditions
___ Cancer: _____
___ Diabetes
___ Fibromyalgia
___ Headaches/migraines
___ Heart condition
___ High or low blood pressure
___ Kidney disorder
___ Joint disorder or pain
___ Sprains/strains
___ Liver disorder
___ Lymphatic condition
___ Carpel Tunnel Syndrome
___ Motor vehicle accident: date _____
___ Muscular problems
___ Neck problems
___ Neurological condition
___ Decreased sensation: where _____
___ Paralysis
___ Pregnant: how many weeks _____
___ Respiratory problems
___ Seizure disorders
___ Skin conditions
___ Spinal problems
___ TMJD
___ Varicose veins
___ Recent injuries or surgeries: _____
_____

**Here are some questions to help optimize your comfort. Please circle Yes or No.**

1. Would you like the table warmer on during your session? Yes No
2. Do you enjoy scalp massage? Yes No

Please identify areas of discomfort on the diagram below:



Draping will be used during the session – only the area being worked on will be uncovered. Clients under the age of 17 must be accompanied by a parent or legal guardian during the entire session. Informed written consent must be provided by parent or legal guardian for any client under the age of 17.

I, _____ (print name) understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

Signature of client _____ Date _____

Therapist Notes: _____
_____
_____
_____