Intake and Health History Form

Personal Information:

Name _____

Phone (cell) (_____) _____ Phone (Home) (_____) _____

Email _____

Address _____

City _____State _____ Zip _____

Date of Birth _____

Emergency Contact Person _____

Relationship _____ Phone (_____) _____

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

Have you had profession bodywork before: Yes___ No ___
If yes, what type? _____

Do you have any difficulty lying on your front, back, or side? Yes___ No___
If Yes, Please explain: _____

Do you have any allergies to oil, lotions, or ointments? Yes___ No ___
If Yes, Please explain: _____

Do you have sensitive skin? Yes___ No ___

Are you wearing: Contact lenses (___) Dentures (___) a hearing aid (___)?

Are you currently taking any medications or supplements? Yes___ No ___
If yes, what type and why? _____

_____

Please check any condition listed below that applies to you:

- □ Fever
- □ Low Blood Pressure
- □ High Blood Pressure
- □ Headaches
- □ Neck Paine
- □ Joint Problems / Arthritis
- □ Skin Problems
- □ Any contagious Disease
- □ Inflammations
- □ Stress
- □ Sprains
- □ Heart Trouble
- □ Diabetes
- □ Muscle Tension
- □ Cancer
- □ Pregnancy
- □ Strain
- □ Back Pain
- □ Varicose Veins
- □ Muscle Spasms
- □ Seizures
- □ Allergies/Sensitivity
- □ Other

Please explain any conditions that you have marked above:

_____

_____

_____

Please list any recent surgeries and past or current injuries?

_____
_____
_____
_____

Is there anything else about your health history that you think would be useful?

_____
_____

I understand that the massage/bodywork 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 you so that pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified specialist for any mental or physical ailments which I am aware of. I understand that massage/bodywork 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/bodywork 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 if I should fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. I am aware of the 24 hour notice to cancel my appointment and if I do not do so I am aware that I might be billed for the appointment.

Consent to treatment:
Client Signature: _____
Date: _____

Consent to treatment of Minor

By my signature below, I hereby authorize (Gregory A. Phillips) to administer massage/bodywork techniques to my child or dependent as he or she deems necessary.
Parent or Guardian
Signature: _____
Date: _____