Welcome! I would like to make your appointment as comfortable as possible. If you have any questions regarding your appointment or this Intake form please contact me at (203) 921-5554.

Name:

Address: City: State:

Date of Birth: Phone:

Cell Phone: Email:

1. Have you ever received massage therapy? If yes, what kinds? How often?

2. Are you currently taking any medications? If yes, please list name and reason?

3. Please check off any of the following conditions or symptoms which apply to you now or in the past.

____ Heart Conditions
____ Pregnancy
____ Seizures
____ Hyperglycemia
____ Diabetes
____ High Blood Pressure
____ Auto -immune conditions*
*(Fibromyalgia, lupus, chronic fatigue, HIV/AIDS)

____ Skin Infections
____ Cancer
____ Bursitis
____ Arthritis
____ Muscle Sprain/Strain
____ Heart Attack/Stroke
____ Headaches

____ Blood Clots
____ Scoliosis
____ Back Pain
____ Broken/Dislocated Bones
____ Insomnia
____ TMJ Disorder
____ Other

4. If other, please list and explain the conditions/symptoms you are or have experienced.

5. Have you had surgery recently? If yes, please explain.

6. Do you have any allergies? If yes, please list.

7. Do you exercise? If yes, how many times per week? For how long each session?

8. What are your main areas of discomfort?

9. List symptoms and location? i.e.; burning, tingling, dull ache, sharp pain, etc.

10. When did symptoms start? Duration of symptoms?

11. What are your expectations for this session?

The following sometimes occurs during massage:

- Need to change/move position, yawning, change in breathing, sighing, emotional feelings or expression. These are normal responses to massage.

Please read the following information and sign below:

- Payment is due in full at the conclusion of a session.
- This is a therapeutic massage and any sexual advances or remarks will terminate the session.
- I have completed this health form to the best of my knowledge. Being that massage therapy should not be done with certain medical conditions, I affirm that I have answered all the questions pertaining to medical conditions truthfully. I understand that Massage Therapy and Bodywork services are a therapeutic health aid.
- If I am not able to make a scheduled appointment, I agree to cancel the appointment 24 hours in advance by phone, unless I have an emergency. In this case, I will call ASAP to reschedule my appointment.
- Any information exchanged during a massage or bodywork session is confidential and is only used to provide you with the best health care services.

____
Signature

____
Date