

MASSAGE CLIENT INTAKE FORM

Patient's Name	Gender:	<input type="checkbox"/> Male	Date of Birth: (DD/MM/YYYY)
		<input type="checkbox"/> Female	
		<input type="checkbox"/> Other	Age:
Street Address:			
City/Province:		Postal Code:	
Home Phone:		Cell Phone (for reminders):	
Email (for receipts/reminders):			Occupation:

HISTORY

Are there any medication you are currently taking?

Have you had surgeries or past hospitalizations in last 6 months?

Have you received massage therapy before?

Questionnaire

- | | | |
|---|--|--|
| <input type="checkbox"/> Headache | <input type="checkbox"/> Allergies | <input type="checkbox"/> Irritated Skin Rash |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Inflammation | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Musculoskeletal Problems | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hernia | | |

MARK AREAS OF DISCOMFORT



I understand that the massage is designed for the purpose of relaxation and relief from tension, muscle spasms, or poor circulation. The massage therapist cannot diagnose medical issues/diseases, disorders or perform spine palpitations.

I understand that the personal information provided by myself would be kept confidential and secure and only will be used by the massage therapist and administrative personnel. I understand that for appointments cancelled with less than 24 hours notice, a missed appointment fee of \$35 will apply.

I have read the above and I acknowledge to the best of my knowledge that this information is accurate and true.

Signature: _____ Date: _____