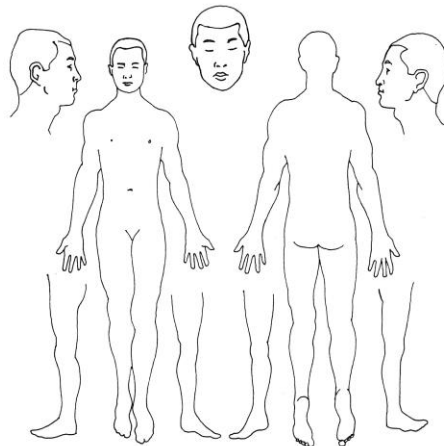


MESSAGE INTAKE

Name: _____
 Street: _____ City, State _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Fax Number: _____ E-Mail Address: _____
 Date of Birth: _____ Occupation: _____ Age: _____
 How did you hear about us? _____

What is your reason(s) for this visit? _____
 When did you first notice symptoms? _____
 What type of massage pressure/techniques do you anticipate? _____
 What improves the condition? _____
 What worsens the condition? _____
 Previous bodywork experience: Never Occasional Often
 Have you been involved in an accident, had surgery, or hospitalized in the last 3 years? _____
 Do you have any chronic conditions that you deal with on a regular basis? _____
 Are you taking any medications or herbs? Please list. _____
 Are you currently seeing a doctor for any reason? Please explain. _____
 Do you have any skin rashes or other skin problems currently? _____
 Are you pregnant? _____
 Do you have any allergies? _____

PLEASE MARK PAINFUL OR DISTRESSED AREAS YOU WOULD LIKE FOCUSED ON



If you have a specific medical condition or specific symptoms, massage work may be contraindicated. I understand that draping will be used during each session. I understand that massage therapists do not diagnose disease, prescribe medicine or manipulate bones. I further understand that massage is not a substitute for medical care. I understand therapists will not massage the breasts without written consent. If at any time during the massage I feel uncomfortable, I may end the session. I take responsibility for alerting my practitioner to any changes that occur with my health. I also understand that cancelled or missed appointments without 24 hours notice (medical emergencies excluded) may be charged in full for the price of missed session.

Client signature: _____ **Date:** _____

Massage Therapist signature: _____ **Date:** _____