

Client Information/Intake Form

[3.27.2012]

(First) \_\_\_\_\_ (Last) \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Physician \_\_\_\_\_

Reason for Appointment \_\_\_\_\_ Referred by \_\_\_\_\_ E-Mail \_\_\_\_\_

Please answer the following questions by circling the appropriate answer. Please explain any YES answers below:

- Have you had professional massage before YES NO
- Have you had surgery within the last 6 months YES NO
- Do you have any spinal problems YES NO
- Are you pregnant or possibly pregnant YES NO
- Do you have any kind of communicable/contagious diseases YES NO
- Do you have any kind of skin disorder YES NO
- Do you wear contact lenses or dentures YES NO
- Are you on any prescribed medications YES NO
- Do you have chronic back or neck pain (circle one) YES NO
- Do you suffer from headaches/migraines (circle one) YES NO
- Do you have heart problems YES NO
- Do you have/had any blood clots (circle one) YES NO
- Have you ever had cancer YES NO
- Do you have arthritis YES NO
- Have you suffered from any acute injuries YES NO
- Do you have pain, which radiates down legs or arms YES NO
- Do you have any allergies that could affect your massage YES NO

Please explain YES answers or any other conditions that your therapist should be made aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, understand that the massage therapy given here is for the purpose of stress reduction, relief from muscular tension or spasm, or for increasing circulation. It is further understood that this is a NON-SEXUAL completely professional massage.

I understand the Massage Therapist at Michelle Lea Massage Therapy does not diagnose illness, disease or any other physical or mental disorder. As such, the Therapist prescribes neither medical treatment nor pharmaceutical nor perform any spinal manipulations. It has been made very clear to me that this massage therapy is not a substitute for medical examination and/or diagnosis and that it is recommended that I see a physician for any physical ailment that I might have.

Because a Massage Therapist must be aware of existing physical conditions, I have stated all known medical conditions and take it upon myself to keep the Massage Therapist updated on my physical health.

**Also, I agree to PAY IN FULL for any "No-Show" appointments, or appointments I fail to cancel prior to 24 hours of scheduled appointment. Failure to do so will incur an expense of the visit and cost of legal filing (if any).**

Signature \_\_\_\_\_ Date: \_\_\_\_\_