Therapist Name_____ Date_____

Massage Intake Form

Name_____DOB_____M/F

Address_____

Phone_____Occupation_____

Emergency
Contact_____Phone_____

Please list all current or past injuries or medical conditions, incl. surgeries _____

_____

Are you currently taking any medication/supplements?_____

_____

Are you currently under medical treatment? Yes/No

If so, what condition_____

Are you allergic to any type of oil/essential oils? Yes/No Which ones?_____

_____

Health Issues (even minor ones)- Please tick if applicable:

☐ Bleeding Disorder	☐ Brittle Bones	☐ High/Low Blood Pressure
☐ Flu/Fever	☐ Sciatica	☐ Diabetes
☐ Infection	☐ Numbness	☐ Epilepsy
☐ Deep vein thrombosis	☐ Respiratory / Lungs	☐ Jaw problems
☐ Blood Clotting Disorder	☐ Cancer / tumour	☐ Arthritis
☐ Skin infection / problems	☐ Headaches / migraine	☐ Pregnancy
☐ Acute Inflammation	☐ Hernia	☐ Different long legs
☐ Heart Conditions	☐ Varicose veins / phlebitis	☐ Scoliosis
☐ Joint / spinal Problems	☐ Dizziness	☐ Kyphosis (rounded back)

Is there anything else about your health history that you think would be useful for me to know?_____

What kind of sports/exercise do you do?_____

What would you like to achieve from your massage session?

Pain reduction ☐ Relaxation ☐ Both ☐ Other _____

I understand that the massage therapy I receive is for the purpose of relief from muscular tension, spasm or pain and stress reduction. If I experience any pain or discomfort during this session, I will immediately tell my therapist so that the pressure and/or strokes may be adjusted to my level of comfort.

I understand that massage therapists are not qualified to diagnose any illness or disease, and nothing said or done during the session should be construed as such. I further acknowledge that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician or other qualified medical specialist for any mental or physical ailment that I am aware of.

Because massage 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 my therapist updated as to any changes in my medical profile and understand that there shall be no liability on their part should I fail to do so.

It is common to have some pain and even slight swelling **for one or two days** after receiving deep corrective massage. This is called therapeutic inflammation.

Understanding all this, I give my consent to receive care.

_____ _____

Signature **Date**

Please mark your areas of pain / stiffness: