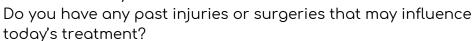
Client Intake and Consent



Name:	·····	Date:	
Date of Birth:	Gender/pro	onouns:	
Address:			
Phone:	Email:		
Referred by:			
Emergency contact:		_ Phone:	
Massage Information			
Have you ever received p	orofessional massage/bo	odywork before? Y	es No
How recently/often?			
What kind of pressure do	you prefer? Light M	1edium Firm	
What are your goals/exp	ected outcomes for rece	iving massage/bod	ywork?
List and prioritize your c	urrent symptoms/issues:	 ;	
List the medications you	currently take:		_
Are you pregnant? Yes	No Recently given b	oirth? Yes (when?) _	- No
Consent for Treatment If I experience any pain or disco that the pressure and/or stroke massage/ bodywork should not treatment, and that I should see physical ailment of which I am a qualified to perform spinal or sk illness, and that nothing said in massage/bodywork should not all my known medical conditions updated as to any changes in m practitioner's part should I fail to made by me may result in immed scheduled appointment. Unders	s may be adjusted to my level of be construed as a substitute for a physician or other qualified rware. I understand that massaggeletal adjustments, diagnose, puthe course of the session given be performed under certain meas and answered all questions have medical profile and understand that a diate termination of the session	f comfort. I further undersor medical examination, of medical specialist for any pe/bodywork practitionersorescribe, or treat any phy should be construed as a dical conditions, I affirm to prestly. I agree to keep the not that there shall be no any illicit or sexually suggin, and I will be liable for po	stand that iagnosis, or mental or s are not ysical or mental such. Because that I have stated e practitioner liability on the gestive advances
Client Signature:			:
Parent Signature (in case	e of a minor):	Date:	

Health History





Circle any of the following health conditions that you currently have (If you are unsure, please ask):

blood clots, infections, congestive heart failure, contagious diseases, pitted edema

Please indicate conditions that you have or have had in the past. Explain in detail, including treatment received:

Current	Past	Muscle or joint pain	
Current	Past	Muscle or joint stiffness	-
Current	Past	Numbness or tingling	
Current	Past	Swelling	
Current	Past	Bruise easily	
Current	Past	Sensitive to touch/pressure	
Current	Past	High/Low blood pressure	
Current	Past	Stroke, heart attack	
Current	Past	Varicose veins	
Current	Past	Shortness of breath, asthma	
Current	Past	Cancer	
Current	Past	MS, Parkinson's, chronic pain	
Current	Past	Epilepsy, seizures	
Current	Past	Headaches, Migraines	
Current	Past	Dizziness, ringing in the ears	
Current	Past	Digestive conditions (e.g. Crohn's, IBS)	
Current	Past	Gas, bloating, constipation	
Current	Past	Kidney disease, infection	
Current	Past	Arthritis (rheumatoid, osteoarthritis)	
Current	Past	Osteoporosis, degenerative spine/disk	
Current	Past	Scoliosis	
Current	Past	Broken bones	
Current	Past	Allergies	
Current	Past	Diabetes	
Current	Past	Endocrine/thyroid conditions	
Current	Past	Depression, anxiety	_
Current	Past	Memory Loss, confusion, easily overwhelmed	
Additiona	l comme	ents:	