Cape Cod Massage

Health History & Intake Form

Client Contact Information

Name: _____ DOB: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ (Please circle preferred contact method)

Emergency Contact: _____ Phone: _____

Referred by: _____

Massage Information

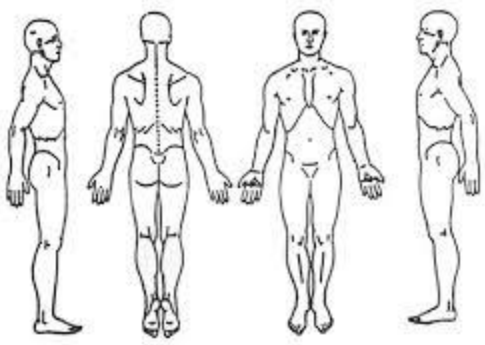
Have you ever experienced Massage Therapy before? Y / N

If yes, when was the date of your last Massage Session? _____

Are you currently pregnant? Y / N If yes, due date: _____

Are you currently in pain or experiencing discomfort? If yes, please briefly explain & indicate those areas below: _____

_____



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List the medications you currently take: _____

_____

_____

Health History

Have you had any injuries or surgeries in the past that may influence today's treatment? _____

_____

Please indicate conditions that you have or have had in the past:

☐ Muscle or joint pain / stiffness ☐ Numbness or tingling
☐ Swelling ☐ Bruise easily ☐ Stroke, heart attack
☐ High/Low blood pressure ☐ Varicose veins
☐ Asthma ☐ Neurological (e.g. MS, Parkinson's, chronic pain)
☐ Cancer ☐ Arthritis (rheumatoid, osteoarthritis)
☐ Epilepsy, seizures ☐ Digestive conditions (e.g. Crohn's, IBS)
☐ Allergies ☐ Kidney disease, infection
☐ Osteoporosis, degenerative spine/disk ☐ Blood Clots
☐ Headaches, Migraines ☐ Diabetes ☐ Depression, Anxiety

Additional Comments: _____

_____

Consent for Treatment

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork 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 the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. Understanding all of this, I give my consent to receive care.

Client Signature: _____ Date: _____