

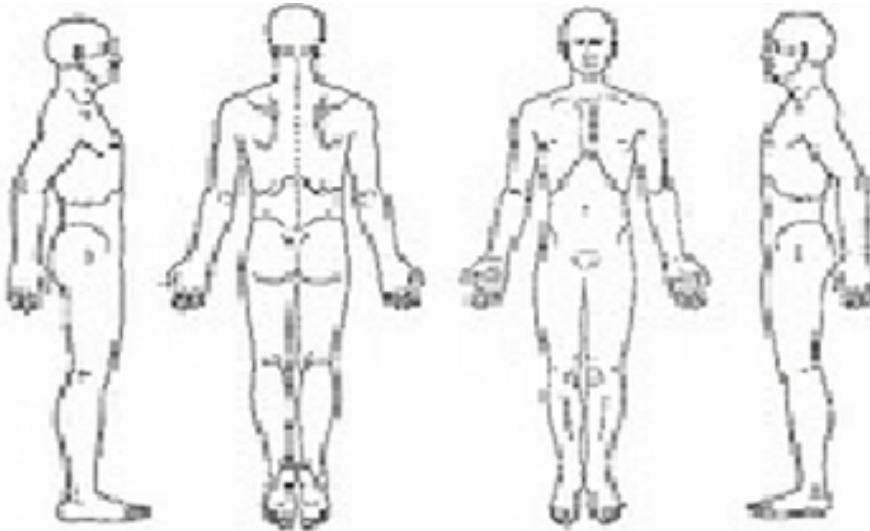
Phoenix Rising Healing Arts & Massage Intake Form

Personal Information

Name _____ email _____
Phone (Cell) _____ Phone (Home) _____
Address _____
City _____ State _____ Zip _____
Date of Birth _____ Occupation _____
Emergency Contact _____ Phone _____
Whom May I thank for the Referral? _____

The following information will be used to help plan safe and effective massage sessions.
Please answer the questions to the best of your knowledge.

1. Have you had a professional massage before? Yes ___ No ___
If yes, how often do you receive massage therapy? _____
2. Do you have any allergies to oils, lotions, or ointments? Yes ___ No ___
If yes, please explain _____
3. Do you have sensitive skin? Yes ___ No ___
4. Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort?
Yes ___ No ___
If yes, please identify _____
5. Do you have any particular goals in mind for this massage session? Yes ___ No ___
If yes, please explain _____



Circle any specific areas you would like the massage therapist to concentrate on during the session

Please See Back....

Medical History

In order to plan a massage session that is safe and effective, I need some general information about your medical history.

6. Are you currently under medical supervision? Yes ___ No ___
If yes, please explain _____

7. Do you see a chiropractor? Yes ___ No ___ If yes, how often? _____

8. Are you currently taking any medication? Yes ___ No ___

If yes, please list _____

9. Please check any condition listed below that applies to you:

contagious skin condition

phlebitis

open sores or wounds

deep vein thrombosis/blood clots

easy bruising

joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis

recent accident of injury

osteoporosis

recent surgery

epilepsy

artificial joint

headaches/migraines

sprains/strains

cancer

current fever

diabetes

swollen glands

decreased sensation

allergies/sensitivity

back/neck problems

heart condition

Fibromyalgia

high or low blood pressure

TMJ

circulatory disorder

carpal tunnel syndrome

varicose veins

tennis elbow

atherosclerosis

pregnancy if yes, how many weeks _____ ? Due Date _____ ?

Please explain any condition that you have marked above _____

10. Is there anything else about your health history that you think would be useful for your massage practitioner to know to plan a safe and effective massage session for you? _____

Draping will be used during the session – only the area being worked on will be uncovered.

Informed written consent must be provided by parent or legal guardian for any client under the age 17.

I, _____ (print name) understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this massage session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists 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 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 therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so. I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session. I also understand that the License Massage Therapy reserves the right to refuse to perform massage on anyone whom he/she deems to have a condition for which massage is contraindicated.

Signature of client _____ Date _____

Signature of Massage Therapist _____ Date _____