Massage Therapy Intake Form

ALIGN CHIROPRACTIC WELLNESS CENTER, LLC

Client Information

Name _____ Email _____
DOB_____ Age_____
Address_____
City _____ State _____ Zip Code_____
Phone Number_____ ☐Home ☐Mobile ☐Work
Occupation _____ Employer_____
Emergency Contact Name_____ Phone_____

Health Information

Are you taking any mediations? ☐ No ☐ Yes If yes, please list: _____
_____
Any allergies? (oils, nuts, fruits, skin, etc.) ☐ No ☐ Yes If yes, please list _____
Are you pregnant ☐ No ☐ Yes; What trimester? _____
Are you currently under medical supervision or receiving other medical interventions? ☐ No ☐ Yes
If yes, please describe _____

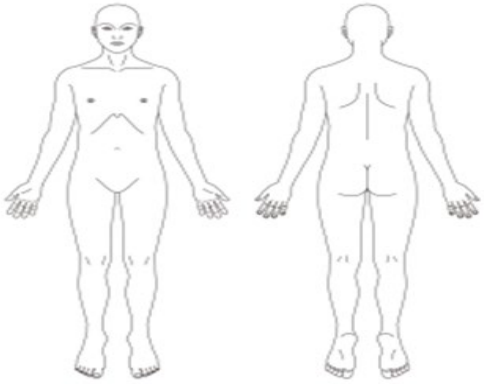
☐ Areas of swelling	☐ Diabetes	☐ Osteoporosis
☐ Autoimmune disorder	☐ Fibromyalgia	☐ Phlebitis
☐ Back/Neck problems	☐ Headaches	☐ Sciatica
☐ Bleeding disorders	☐ Heart condition	☐ Seizures
☐ Blood clots	☐ Hypertension	☐ Stroke/TIA
☐ Bruise easily	☐ Kidney disease	☐ Tendinitis
☐ Bursitis	☐ Multiple sclerosis	☐ TMJ Disorder
☐ Cancer	☐ Neurological condition	☐ Varicose veins
☐ Contagious condition	☐ Neuropathy	☐ Vertigo/dizziness
☐ Decreased sensation	☐ Osteoarthritis	☐ Within 24 hours fever, cough and/or chills

Areas of broken skin? (e.g., rash, wounds) ☐ No ☐ Yes If yes, where? _____
History of joint replacement surgery ☐ No ☐ Yes; Which joint(s)? _____
Recent injuries in the past 2 years? ☐ No ☐ Yes; Please describe: _____
_____
Past Surgeries, Accidents or Injuries: _____

Massage Information

Have you had a professional massage before? ☐ No ☐ Yes If yes, how recently _____
Reason for seeking massage: ☐ Relaxation ☐ Specific problem; Where_____
How much pressure do you prefer? ☐ Light ☐ Medium ☐ Firm

Please indicate any areas of discomfort



By signing below, I acknowledge that I am aware of the benefits of massage therapy and that I have completed this form to to the best of my knowledge. I have received a copy of the office massage therapy policy and agree to it. I also agree to inform my massage therapist of any health or medical changes

Client Signature _____ Date _____