

Sedona Healing Arts Massage Therapy Client Intake Form

Client Intake Form – Therapeutic Massage

Personal Information:

Name: _____

Home Phone: _____

Mobile Phone: _____

Address: _____

City/State/Zip: _____

Email: _____ Date of Birth: ____/____/____

Occupation: _____

Emergency Contact Phone: _____

Thank you for choosing Sedona Healing Arts. We welcome you to our practice and are happy you have chosen our massage therapy services. The therapist here are licensed, insured and nationally certified. Conservative draping will be used during the session – only the area being worked on will be uncovered.

Male and female genitalia will not be exposed at anytime during the treatment, in addition under no circumstances do we massage any male or female genitalia. If you feel uncomfortable during the session, or need to end the session, please let your therapist know and the session will be ended immediately.

Your privacy is our top priority, as a provider of complimentary alternative health we uphold and abide by the HIPAA laws and do not share or release any of your information unless we have a written statement from you or a subpoena from the courts.

Below you will find questions concerning your health history. It is your responsibility to inform your therapist of any pre-existing conditions, mobility limitations or discomfort during your session.

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 difficulty lying on your front, back, or side? Yes No

If yes, please explain _____

3. Do you have any allergies to oils, lotions, or ointments? Yes No

If yes, please explain _____

4. Do you have sensitive skin? Yes No

5. Do you experience stress in your work, family, or other aspect of your life? Yes No

If yes, how do you think it has affected your health? _____

muscle tension anxiety insomnia irritability exasperates other health conditions other

6. Do you have any particular goals in mind for this massage session? Yes No

If yes, please explain? _____

Please check any of these conditions the you have been diagnosed with. Under some conditions it is not safe to perform massage. If you have a condition that makes receiving massage unsafe your therapist will inform you, and you will not be charged for the session.

Medical History

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

<input type="checkbox"/> Allergies	<input type="checkbox"/> High/Low blood pressure
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Infectious conditions
<input type="checkbox"/> Blood Clots	<input type="checkbox"/> Insomnia
<input type="checkbox"/> Back Pain	<input type="checkbox"/> Joint disorder/tendonitis
<input type="checkbox"/> Cancer	<input type="checkbox"/> Kidney disorders
<input type="checkbox"/> Carpal tunnel syndrome	<input type="checkbox"/> Loss of balance
<input type="checkbox"/> Chronic fatigue	<input type="checkbox"/> Mental illness
<input type="checkbox"/> Circulatory problems	<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> Constipation	<input type="checkbox"/> Pregnancy
<input type="checkbox"/> Contagious skin condition/MRSA	<input type="checkbox"/> Ruptured or bulging disc
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizures
<input type="checkbox"/> Digestive problems	<input type="checkbox"/> Skin rashes
<input type="checkbox"/> Dizziness/fainting	<input type="checkbox"/> Stroke
<input type="checkbox"/> Easy Bruising	<input type="checkbox"/> Tennis elbow
<input type="checkbox"/> Edema /Phlebitis	<input type="checkbox"/> Thyroid cond. <input type="checkbox"/> overactive <input type="checkbox"/> underactive
<input type="checkbox"/> Fibromyalgia/ Lupus	<input type="checkbox"/> TMJ disorder
<input type="checkbox"/> Gout	<input type="checkbox"/> Varicose veins or Deep vein thrombosis
<input type="checkbox"/> Headaches <input type="checkbox"/> Migraines	Other _____
<input type="checkbox"/> Heart Condition Numbness or stabbing pains	

7. Are you currently under medical supervision? Yes No

If yes please explain _____

8. Please explain any health condition marked above _____

9. List all medications _____

Clients under the age of 17 must be accompanied by a parent or legal guardian during the entire session. Informed written consent must be provided by parent or legal guardian for any client under the age of 17.

I, _____ understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension and soreness. If I experience any pain or discomfort during this 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 misconstrued 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 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 misconstrued 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.

Signature of client _____ Date: _____