

## Proactive Massage and Bodywork Client Intake Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Wedding Anniversary: (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Referred by: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

Have you had a massage before? \_\_\_\_\_ Date of last treatment: \_\_\_\_\_

What would like to get out of this massage experience? Circle all that apply:

Pain Relief \_\_\_\_\_ Relaxation/Stress Relief \_\_\_\_\_ Sports Massage \_\_\_\_\_ Other \_\_\_\_\_

Your therapist will do an integrated session, however, is there a specific area (lower back, neck, feet) that you would like the massage to focus on? \_\_\_\_\_

Occupation: \_\_\_\_\_ How do you use your body at work? (standing, sitting, computer use, heavy objects): \_\_\_\_\_

Are you wearing contact lenses? \_\_\_\_\_ Do you exercise regularly? \_\_\_\_\_

Are you allergic or sensitive to any oils, lotions, candles, or scents \*? \_\_\_\_\_

**\*Massage lotions/oils may contain fruit or nut oils, peppermint, essential oils, shea butter, etc. \***

Have you recently had surgery, severe illness, or an accident? If so, when did it occur?  
\_\_\_\_\_

Are you currently under the care of a healthcare provider for an injury or on-going illness? Please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

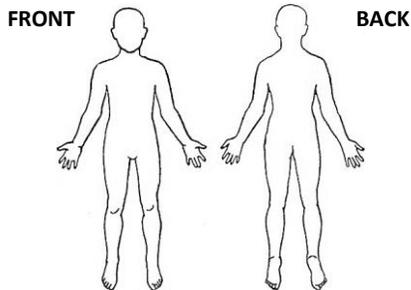
Are you currently taking any medications? Please list:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

See Reverse 

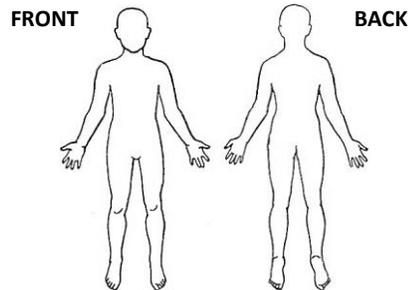
**PLEASE MARK ALL CURRENT AND PAST CONDITIONS:**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Condition                         | <input type="checkbox"/> Recent Fracture      | <input type="checkbox"/> Allergies/Sensitivities  | <input type="checkbox"/> Carpal Tunnel   |
| <input type="checkbox"/> Open Sores or Wounds              | <input type="checkbox"/> Recent Surgery       | <input type="checkbox"/> Varicose Veins           | <input type="checkbox"/> Tennis Elbow    |
| <input type="checkbox"/> High/Low Blood Pressure           | <input type="checkbox"/> Sprains/Strains      | <input type="checkbox"/> Osteoporosis             | <input type="checkbox"/> Frozen Shoulder |
| <input type="checkbox"/> Blood Clots/ Deep Vein Thrombosis | <input type="checkbox"/> Joint Replacement    | <input type="checkbox"/> Circulatory Disorder     | <input type="checkbox"/> Pregnant?       |
| <input type="checkbox"/> Easy Bruising                     | <input type="checkbox"/> Current Fever/Chills | <input type="checkbox"/> Headaches/Migraines      | How many months? _____                   |
| <input type="checkbox"/> Recent Accident/Injury            | <input type="checkbox"/> Swollen Glands       | <input type="checkbox"/> Diabetes                 |  |
| <input type="checkbox"/> Epilepsy                          | <input type="checkbox"/> Heart Condition      | <input type="checkbox"/> Numbness                 |  |
|  | <input type="checkbox"/> Pacemaker            | <input type="checkbox"/> Back/Neck Issues         |  |
|  | <input type="checkbox"/> Fibromyalgia         | <input type="checkbox"/> Arthritis/Joint Disorder |  |
- 

Indicate on **DIAGRAM** any areas you want **FOCUSED**



Indicate on **DIAGRAM** any areas you want **AVOIDED**



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Please read carefully and sign where indicated: I understand that massage or bodywork may be contraindicated for certain medical conditions or symptoms.

I further understand that massage or bodywork is provided for the purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during my appointment, I will inform the therapist so that the pressure or strokes may be adjusted accordingly.

I understand that massage or bodywork should not be perceived by me as a substitute for medical examination, diagnosis, or treatment and that I should consult a physician, chiropractor, or other qualified medical specialist for any mental or physical condition that I am aware of. I have been informed that massage and bodywork therapists are not qualified to perform skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said during the session should be perceived as such.

Because massage or bodywork should not be performed under certain medical conditions, I attest 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 condition and agree that there shall be no liability on the therapist's part should I neglect to do so. I also understand that any illicit or sexually suggestive remarks or advances made by myself will result in immediate termination of this session and I will be liable for full payment of the appointment.

CLIENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_