



Client Intake Questionnaire

In order to maximize the effectiveness and safety of our sessions together, please take the time to fill out this confidential questionnaire carefully.

Client Full Name: _____ Date: _____ Referred by: _____

Address: _____

Phone (day): _____ (eve): _____ Birth Date _____ Email _____

What brings you here today?

Is there any area where you would like extra time? Is there any area you have muscle pain/stiffness/tension (neck, low back, shoulder, other)?

What is your previous experience with professional massage?

Daily activities / Sports / Hobbies Exercise: _____

Posture assumed most the day: _____

Caffeine: _____ Tobacco: _____ Alcohol: _____

Sleep: _____ Bowels: _____ Drugs (non-meds): _____

Medical History – please indicate below any significant medical problems, as such conditions can influence the type and/or depth of work done in any given area. Thank you.

_____ Skin condition (acne, rash, eczema, skin cancer, other): _____ Allergies:

_____ Lymphatic condition (swollen glands, lymphoma, lymphedema, other):

_____ Circulatory condition (heart disease, varicose veins, phlebitis, arrhythmia, arteriosclerosis, other):

_____ Neurological condition (sciatica, stroke, epilepsy, numbness/tingling of any area of skin, other):

_____ Joint problems, pain, stiffness (osteoarthritis, rheumatoid arthritis, gout, hypermobile joint, sacroiliac problems, other):

_____ Bone conditions (osteoporosis, previous fracture, cancer, other):

_____ Headaches (migraines, PMS, tension, cluster, other):

_____ Emotional difficulties (depression, anxiety, psychotic episodes, other):

_____ Stress _____ Are you pregnant?

_____ Recent injury or accident (whiplash, sprain, deep bruise, other): _____ Previous surgery – type & date:

Client understands that there can be remote risks associated with this work. Client acknowledges that the practitioner will not be responsible for any injury arising because of some unreported condition and/or concern.

Client acknowledges being given the opportunity to ask questions before receiving any work, and to question or interrupt the work at any point after session begins.

Client acknowledges having read and understood this document.

Date Client Signature