



Client Initial Health History Intake Form

Please fill out each of the sections to the best of your ability. This information will remain confidential.

Section One: Client Information

Client Name: _____ Date: _____
Email Address: _____ Phone: () _____
() Male () Female Date of Birth: _____ If referred, by whom?: _____

Section Two: Massage Information

Have you ever received Body/Energy work before? () No () Yes. Type/s: _____

When was your last treatment?: _____ Type: _____

I am currently experiencing or have recently experienced one or more of the following. Please check all that apply:

- | | | |
|--------------------------------|----------------------------------|------------------------------------|
| () Arthritis | () Blood Clots | () Broken bone: _____ |
| () Bruise easily | () Cancer | () Contagious Disease |
| () Depression, anxiety | () Diabetes: Type 1 / Type 2 | () Dizziness |
| () Digestive issues: _____ | () Epilepsy, seizures | () Headaches, Migraines |
| () High/Low blood pressure | () Kidney disease/infection | () Muscle or joint pain/stiffness |
| () Neurological: _____ | () Numbness or tingling | () Pitted Edema |
| () Open cuts/wounds | () Osteoporosis | () Pregnancy: _____ wks |
| () Rashes, Skin issues | () Scoliosis | () Sensitive to touch/pressure |
| () Shortness of breath/asthma | () Stroke, heart attack | () Swelling |
| () Varicose veins | () Other, please specify: _____ | |

Please indicate all allergies: _____

Please indicate any medications: _____

Please indicate areas of focus and areas to avoid in today's session: _____

Consent for Treatment

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I understand that massage/energy work should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/energy work practitioners 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/bodywork 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 practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. Understanding all of this, I give my consent to receive care.

Client Signature: _____ Date: _____