

Balanced Massage Client Intake Form

Name _____ Date of Birth _____ Age _____

Address _____ City & State _____ Zip Code _____

Contact Phone _____ Can we leave a message? _____ Emergency Contact Name and Phone _____

Occupation _____ E-mail _____ Add me to e-mail list? _____

Physician _____ How did you hear about us (Yellow Pages, Internet, Friend, etc.)? _____

Is this your first massage? _____ Primary reason for appointment _____

Please mark X on all conditions you are currently experiencing and P for past conditions. Please also circle the condition if there is more than one listed.

____ Muscle or Joint Injuries

____ Rheumatoid Arthritis

____ Blood Clots

____ Muscle or Joint Pain

____ Osteoarthritis

____ Seizures

____ Chronic Pain

____ Osteoporosis, Osteopenia

____ COPD, Emphysema

____ Numbness or Tingling

____ Hernia

____ Abdominal or Digestive Problems

____ Sciatic Pain

____ Fatigue

____ Diabetes

____ Spinal Column Disorders

____ Tension, Stress

____ Sinus Problems

____ Sprains, Strains

____ Sleep Difficulties

____ Allergies, Sensitivity to Scents

____ Tendonitis

____ Depression, Anxiety

____ Varicose Veins

____ Headaches, Migraines

____ Hearing Loss, Deafness

____ Rash, Athletes Foot

____ Jaw Pain, TMJ

____ Asthma or Lung Conditions

____ Cancer, Tumors

____ Whiplash

____ Heart, Circulatory Problems

____ Pregnancy-due date _____

____ Broken Bones

____ High or Low Blood Pressure

____ Contact Lenses

Do any of these conditions interfere with sleep or your daily routine? Please explain _____

Are there any other current conditions not listed (fever, infections, etc.)? _____

Please list and date all surgeries _____

Current medications (including vitamins, herbs, and over the counter drugs) _____

Please list all forms of stress reducing activities _____

Is there any place that you do not wish to be worked on? _____

Where does your body feel good? _____

Please let me know if physical or sexual abuse is a part of your history if you think it might influence your treatment.

Thank you for keeping me updated regarding new or continuing health conditions on future visits.

Signature _____ Date _____