



Intake Form

Name: _____ Date: _____

Phone: _____ Email: _____

Occupation: _____ Age: _____ Have you experienced massage therapy before? _____

What would you like to get out of your massage, IPT, or reflexology session today? _____

Primary Complaint: _____ Secondary: _____

How long have you experienced these symptoms?

Primary (duration): _____ Secondary (duration): _____

Do you practice yoga? _____ Pilates? _____ Strength Training? _____

If you are being treated by a physician, please describe the condition(s) and symptom(s) being treated:

Please list any pertinent information (including pregnancy), about allergies, surgeries, major illnesses, chronic conditions, past and present injuries, or psychiatric care and their respective date(s) of occurrence:

What is your daily fluid intake (# cups a day):

water _____ coffee _____ tea _____ alcohol _____ soda _____ other _____

How many hours do you work on a computer/at a desk daily? _____

(over)

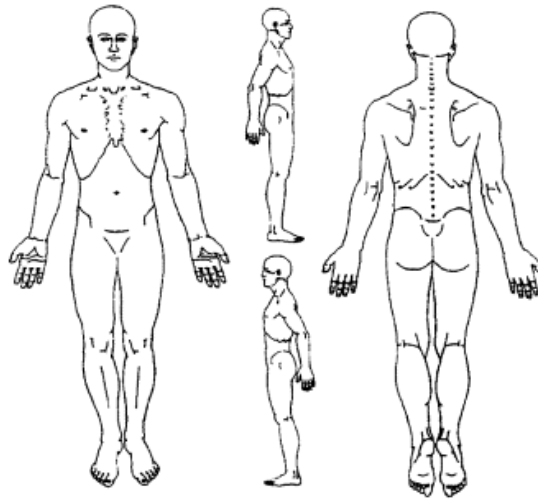
Frequent body positions, movements or activities that increase or cause pain (highlight all that apply):

Walking	Running	Computer use	Reaching overhead
Walking up or down stairs	Kneeling	Driving	Squatting
Rising from a chair	Bending over	Turning your head	Standing
Grabbing	Squeezing	Pushing	Lifting
Sleeping			

Are you currently experiencing a skin rash, open cuts, poison ivy/oak, or anything superficial that is contagious? _____

Do you have sensitivities or allergies to nut oils or wheat germ, skin care products or essential oils? _____

Please mark any areas in which you are feeling discomfort:



Please read the following information and sign below.

1. This is a therapeutic massage, and any sexual remarks or advances will terminate the session, and I will be liable for payment of the scheduled treatment.
2. Being that massage should NOT be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully.
3. I agree to communicate any discomfort during the session, including temperatures, weight and placement of stones, and the pressure of the practitioner's massage strokes.
4. I agree to hold harmless the practitioner and the facility for any adverse reactions or illness I may experience because of this massage, and/or direct or indirect contact with this practitioner.

Signature _____ Date _____