

# HEALTH INTAKE FORM

## OFFICE USE ONLY

Date: \_\_\_/\_\_\_/\_\_\_  
GC \_\_\_\_\_

Name \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Our scheduler will automatically send a **reminder** 24 hours before your appointment: for the best results its best to provide us with your **email and cell number to receive text message** reminders. Some cell phone companies block SMS notifications, however the notification will appear in your email.

E-Mail \_\_\_\_\_@\_\_\_\_\_ (appt reminder)

Cell phone: \_\_\_\_\_ Cellular Provider: \_\_\_\_\_ Home Phone \_\_\_\_\_

Circle your choice if you would like to be added to our weekly campaigns: (weekly openings/promotions) **YES NO**

Occupation/Employer \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_

Chiropractor \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Are you currently under any medical supervision? If so, please explain: \_\_\_\_\_

Are you currently taking any medication– please list them? \_\_\_\_\_

Please list any major surgeries within in the last 3 years? \_\_\_\_\_

Reason or goal for your massage treatment today? \_\_\_\_\_

Have you received massage therapy before? Yes or No

If yes, how long ago? \_\_\_\_\_

What type of exercise do you do weekly? \_\_\_\_\_

Please circle any symptoms presently or recently experienced:

- |                    |  |
|--------------------|--|
| Acne               | Heart Disease                                  |
| AIDs (HIV)         | High Blood Pressure                            |
| Allergies          | Hives/Shingles                                 |
| Arthritis          | Joint Problems                                 |
| Athlete's Foot     | Kidney Disease                                 |
| Back Pain/Tension  | Lung Disease                                   |
| Blood Disorder     | Multiple Sclerosis/Parkinson's Disease         |
| Cancer/Tumor       | Psoriasis                                      |
| Depression/Anxiety | Sprain/Strain or Dislocation of a joint/muscle |
| Constipation       | Stroke   |
| Diabetes           | Sensitivity to lotions, Oils or scented oils   |
| Eczema             | Thyroid Disease                                |
| Fibromyalgia       | Varicose Veins                                 |
| Headaches          | Current weight above 350 lbs.                  |

**Ever have taken:** Quinolone, Levaquin, Cipro

Other \_\_\_\_\_

## Pregnancy

Term: 1 2 3

How many weeks? \_\_\_\_\_

Do you have any of the following:

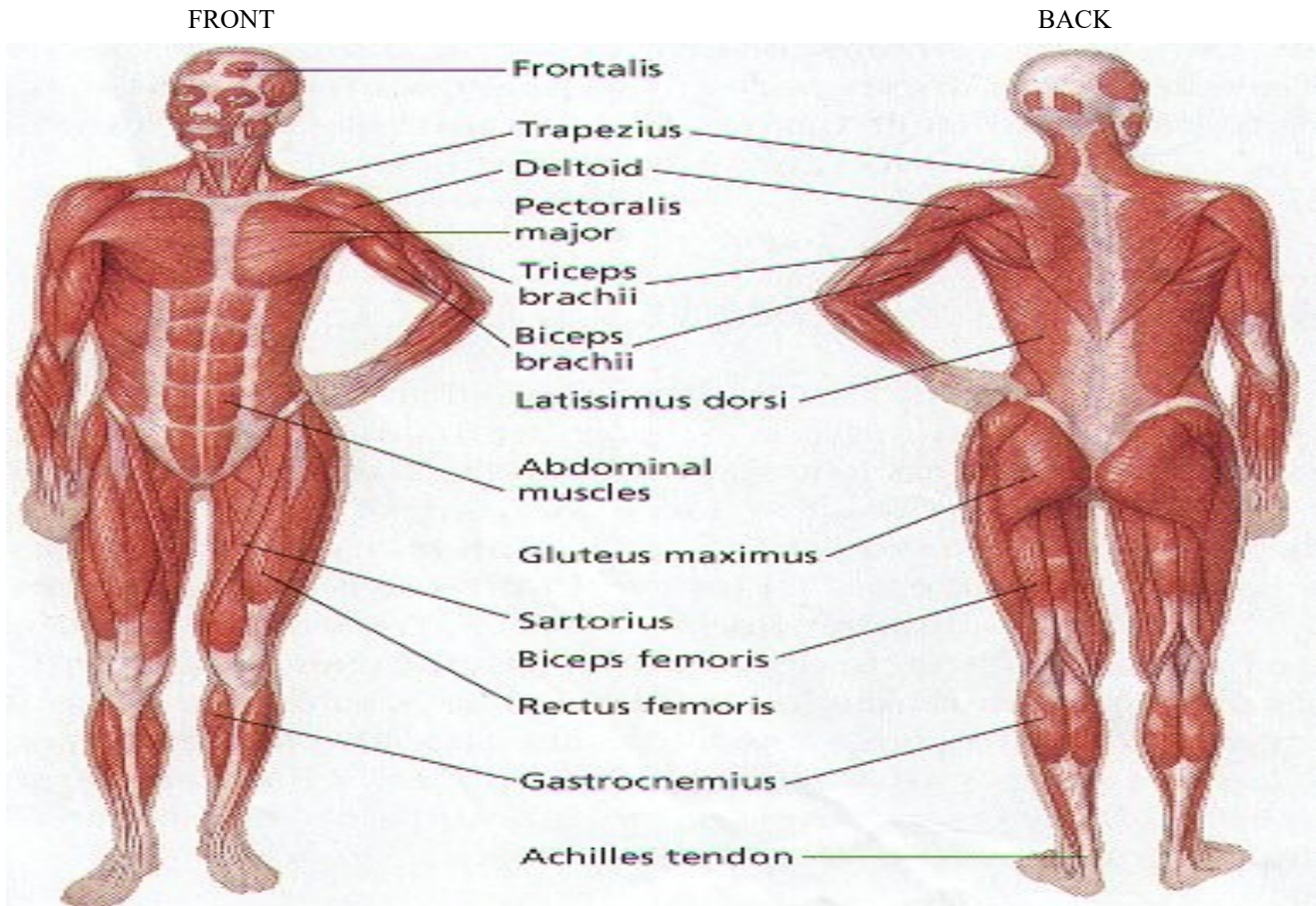
\_\_\_ Physicians Approval

\_\_\_ Preeclampsia/Toxemia

\_\_\_ Premature Labor Symptoms

# TURN OVER

Please CIRCLE on the BODY areas of tenderness or discomfort.



**GOAL:**

Each massage therapist here at this location owns and operates their own business within the space. Our professionals will use their skill set to provide massage therapy services and treatment for the Mind, Body and Health of each client. The purpose of the therapeutic massage is for relaxation and or muscular tension. During the session if you experience any pain or discomfort , *please* let the therapist know. We would like to meet YOUR treatment expectations, so therefore please communicate with your therapist throughout the massage.

Please initial: \_\_\_\_\_

**HEALTH INFORMATION:** any health or medical changes take place, please inform the therapist of these changes as this may affect the type of therapeutic massage you should receive. This is the responsibility of the client and the practitioner will not be liable, should you fail to do so.

Please initial: \_\_\_\_\_

**CANCELLATION POLICY:** Your appointment is a reserved time specifically for you. We ask, that if you need to cancel your massage appointment please notify us at least 8 hours in advance. *Any no-shows, or missed appointments will result in billing the client at \$35 missed appointment fee. A 2nd offense will result in billing the client at <FULL RATE>* We thank you for your consideration in this matter as this will allow us to re-book the appointment as we often have a waiting list.

Please initial: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_