

DATE \_\_\_\_\_

# massage intake & patient history

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Gender (check one)  Female  Male

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_ Occupation \_\_\_\_\_

Who referred you for massage? \_\_\_\_\_

Have you ever received massage therapy before?  Yes  No Frequency: \_\_\_\_\_

Reason for today's visit:  Full body massage  Decrease stress  Relaxation  Pain management  Injury

Please list areas of your body that need special attention during the massage: \_\_\_\_\_

\_\_\_\_\_

Areas you would like avoided during the massage: \_\_\_\_\_

Allergies: \_\_\_\_\_ Are you sensitive to scented lotion?  Yes  No

Medications: \_\_\_\_\_

Supplements: \_\_\_\_\_

Please list any surgeries you have had (include date of surgery): \_\_\_\_\_

\_\_\_\_\_

Do you smoke cigarettes?  Yes  No \_\_\_\_\_ packs/day

Do you drink coffee?  Yes  No \_\_\_\_\_ cups/day

Do you drink alcohol?  Yes  No \_\_\_\_\_ drinks/week

Do you exercise?  Yes  No \_\_\_\_\_ times/week

Please check all that apply:

- Headaches
- Migraines
- Stress
- Sinus problems
- Ringing in ears
- Fainting/dizziness
- Asthma
- Muscle spasms
- Loss of memory
- Neck pain
- Tendonitis
- Carpal Tunnel Syndrome
- Scoliosis
- Thoracic Outlet Syndrome
- Adhesive Capsulitis (frozen shoulder)

- Arthritis—  
location(s): \_\_\_\_\_
- Numbness or "pins & needles" in extremities
- Jaw clicking or pain
- Grinding of teeth
- Sleeping problems
- Painful joints
- Osteoporosis
- Heart condition
- High blood pressure
- Low blood pressure
- Blood clots
- Diabetes
- Depression

- Constipation
- Hernia
- Liver trouble
- Kidney trouble
- Gall bladder trouble
- Cancer
- Epilepsy
- Sciatica
- Warts—  
location(s): \_\_\_\_\_
- Plantar Fasciitis ( L / R )
- Bone fractures
- Bruises

- WOMEN
- Birth control pill
  - IUD
  - Birth control patch
  - Nuva ring
  - Menstrual cramps
  - Pregnant?  
Due date: \_\_\_\_\_

Other conditions: \_\_\_\_\_

\_\_\_\_\_

