



New Client Intake Form

Name _____ Date _____
 Address _____ Birthdate _____
 City/State _____ M F Email _____
 Phone# _____ Zip _____ Work# _____
 Mobile# _____
 Emergency Contact / Number _____

How did you hear about us? / Who can we thank for sending you in today? _____

Personal Information

What are your main reasons for your massage or bodywork today? Pain Management
 Relaxation Stress Relief Detoxification Injury Recovery Injury Prevention
 Increased Energy Other: _____

Current Occupation: _____

Are you ticklish or sensitive anywhere on the body? _____

Are you pregnant or planning to be? Yes No , if yes Expected Due Date: _____

Current Medications (prescriptions and OTC): _____

Please describe current physical activities (work and recreation): _____

Goals for Today's Session

Please list any goals for today's session: _____

Please list any current chronic issues or conditions you would like to work on: _____

When did the issue/s begin? _____

What makes the condition worse? _____

What makes the condition better? _____

Medical History

Do you have any known allergies or sensitivities? _____

Are you currently under the care of a physician or other health professional? _____

If yes, please describe condition: _____

Please describe any surgeries, broken bones, injuries, or major illnesses in the past five years: _____

Are you currently experiencing any of the following conditions?

Recent Injury Flu/Cold Fever Inflammation Infection

Open sore / wound Contagious Disease Dizziness / Vertigo

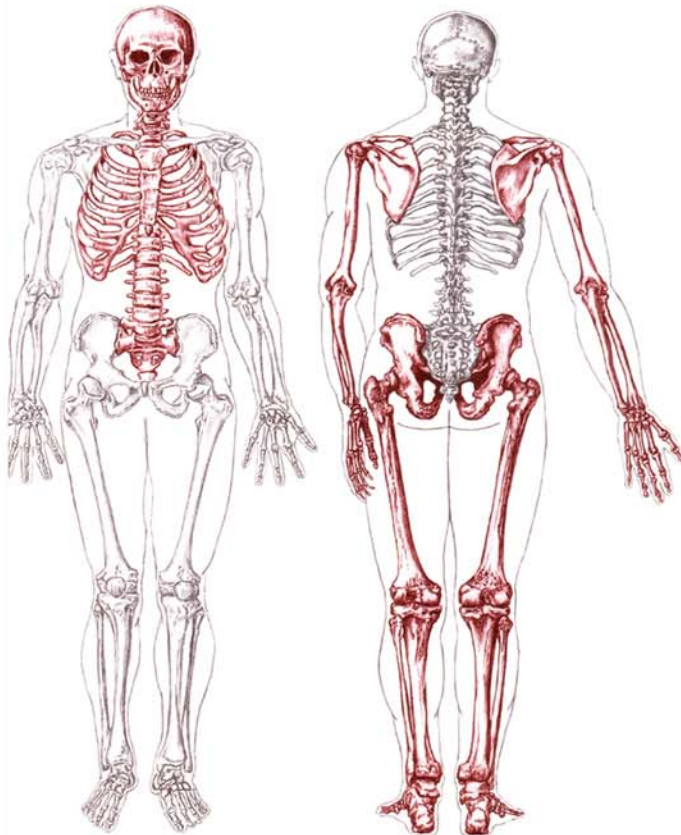
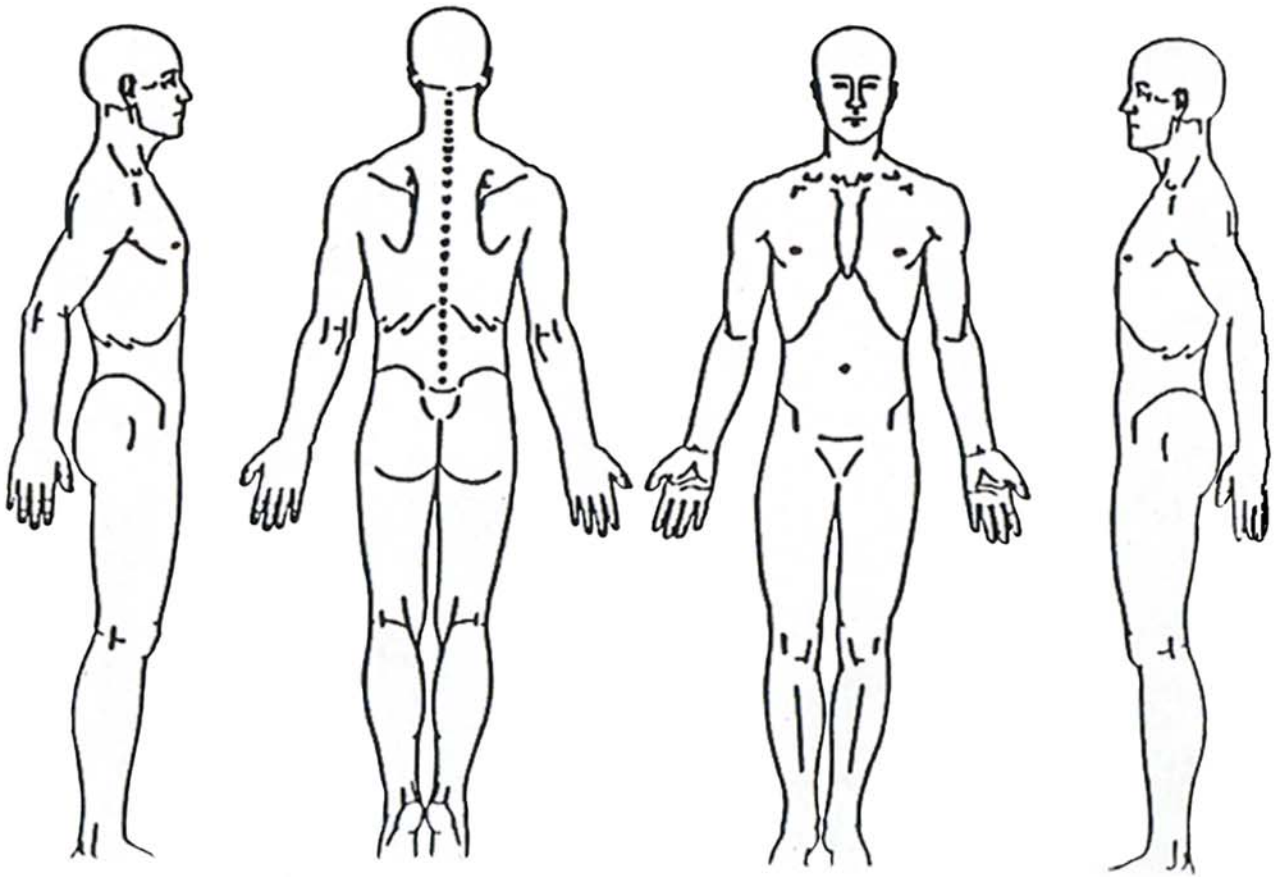
Please indicate any current conditions which apply to your present health:

Headaches	Chronic Pain	Cancer	Diabetes	Hepatitis	HIV/AIDS
Seizures	+/- Blood Pressure		Stroke	TMJ	Sinus Problems
Stiff Joints	Arthritis		Depression	Stress Disorders	Fractures

Other: _____



Please circle or make notes on any areas you are currently experiencing any issues or conditions



Therapist's Signature _____ Date _____

Client's Signaure _____ Date _____