MASSAGE & BODY WORK BY

dru winter LMT, CT

CLIENT INTAKE FORM

Client Information (This information is confidential)

Name_____ Date _____

Street_____ Day Phone_____

City_____ State_____ Zip_____

Occupation_____ Date of birth_____

Emergency Contact Name and phone number_____

Referred by_____ Email_____

Massage History/Session Information

Have you ever received a professional massage? ◯ Yes ◯ No

What result do you want from your massage sessions?_____

List any exercise activities including frequency:_____

_____

Are you currently under the care of a health care practitioner? ◯ Yes ◯ No

If yes, specify:_____

_____

Are you feeling well today?_____

Surgeries:_____

_____

Medications:_____

_____

_____

Please mark any of the following that you now have or have had

Musculoskeletal

- ☐ Bone or Joint disease
- ☐ Tendonitis/Bursitis
- ☐ Arthritis/Gout
- ☐ Jaw Pain (TMG disorder)
- ☐ Spinal Problems
- ☐ Osteoporosis
- ☐ Scoliosis
- ☐ Strains/Sprains
- ☐ Spasms/Cramps
- ☐ Pain: specify _____

Circulatory

- ☐ Heart condition
- ☐ Phlebitis/Varicose Veins
- ☐ Blood Clots
- ☐ High/Low Blood Pressure
- ☐ Lymphedema
- ☐ Thrombosis/Embolism
- ☐ Dizziness
- ☐ Shortness of Breath
- ☐ Cold feet/hands
- ☐ Swollen ankles
- ☐ Irregular heartbeat

Respiratory

- ☐ Breathing difficulty/Asthma
- ☐ Emphysema
- ☐ Allergies specify_____
- ☐ Sinus problems
- ☐ Other: _____

Skin

- ☐ Allergies specify:_____
- ☐ Rashes
- ☐ Athletes foot
- ☐ Warts
- ☐ Other: _____

Nervous System

- ☐ Shingles
- ☐ Numbness/Tingling
- ☐ Pinched Nerve
- ☐ Twitching
- ☐ Parkinson's disease
- ☐ Multiple Sclerosis
- ☐ Chronic Pain
- ☐ Other:_____

_____

Digestive

- ☐ Irritable bowel syndrome
- ☐ Ulcers
- ☐ Crohn's
- ☐ Colitis
- ☐ Diverticultis
- ☐ Diarrhea
- ☐ Constipation
- ☐ Other:_____

_____

Reproductive

- ☐ Pregnant: Stage_____
- ☐ Ovarian/menstrual problems
- ☐ Prostate
- ☐ Endometriosis
- ☐ Fertility concerns
- ☐ Other: _____

_____

_____

Other

- ☐ Cancer/tumors
- ☐ Bladder/kidney ailment
- ☐ Drug/alcohol
- ☐ Tobacco/caffeine
- ☐ artificial sweeteners
- ☐ Chronic fatigue
- ☐ Chronic pain specify:_____

_____

- ☐ Sleep disorders
- ☐ Migraine/headaches
- ☐ Anxiety/stress syndrome
- ☐ Depression
- ☐ Difficulty concentrating

_____

Other:_____

Additional Client Remarks/comments:

Please read the following and sign below

I understand that the massage treatment I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session I will immediately inform the practitioner so that the pressure may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for a medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/bodywork/colonic practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage & bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. It is also understood that any illicit, sexually suggestive remarks or advances made to therapist will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Signature:_____ Date:_____

**Cancellation policy*

My services are by appointment only. If you need to cancel I require at least 24 hrs notice BY PHONE (not email) so that I can offer that appt time to another client. If you cancel within 24 hrs or do not show up for your appointment you will be charged a $40.00 per hour fee. Thank you.