Client Intake Form

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: Cell/Home _____ Work:
_____
E-mail: _____
Date of Birth: _____
In case if emergency notify:
Name: _____ Phone:
_____

Please circle the most appropriate answer:
Have you ever had a professional massage: Y or N
How did you find out about Healing Path Massage?
referral, flyer, chair massage?
_____
What is your focus for your massage today?
relaxation, pain reduction, stress relief, medical?
_____
What does your work/lifestyle require you to do most?
sit, stand, walk, manual labor, other
_____
Do you take pain medication? Y or N

We have a 24 hour cancellation policy posted in the office.

Therapist _____ Date: _____

Do you have any of these conditions?
Please check all that apply.

__ Allergies
__ Arthritis
__ Asthma
__ Digestive issues
__ Recent fracture
__ Osteoporosis
__ Pregnant or trying to
__ Whiplash
__ HBP
__ LBP
__ Migraine
__ Headache
__ Diabetes
__ Depression

Explain:
_____

Please read and sign below.

I understand massage can be very therapeutic, relaxing, and reduce tension, it is not substitute for medical diagnosis or medical exam.

I have stated all my know medical conditions and agree to keep my files up to date with any changes.

If I feel discomfort during the session please inform your LMT the treatment can be modified.

Signature: _____ Date: _____