



Wellness Intake Form

Date: _____

Name: _____

Address: _____

City/ST/Zip: _____

Home Phone: _____

Work Phone: _____

Occupation: _____

Email Address: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Date of Birth: _____ Age: _____

Referred by: _____

Physician: _____

Phone: _____

Have you had a massage? _____ No _____ Yes

When: _____

Have you experienced other alternative therapies? _____ No _____ Yes

Massage pressure preferred: _____

Any areas you don't want massaged? _____

Allergies to lotions, oils, or fragrances? _____

Chief Complaint: _____

Goal for treatment: _____

General Medical Information

- | | | |
|---|---|--|
| <input type="checkbox"/> Smoker | <input type="checkbox"/> Arteriosclerosis | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Emphysema/COPD | <input type="checkbox"/> Blood Clot |
| <input type="checkbox"/> Currently Pregnant | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Fractures (Broken Bones) | <input type="checkbox"/> Shoulder Pain | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Cardiac/Circulatory Problems | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Kidney Disorder | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Swelling/Edema | <input type="checkbox"/> Bruise Easily |
| <input type="checkbox"/> Lupus | <input type="checkbox"/> Rheumatoid Arthritis | <input type="checkbox"/> Tendonitis |
| <input type="checkbox"/> Paralysis | <input type="checkbox"/> Cold Sores/Herpes | <input type="checkbox"/> Spinal Problems |
| <input type="checkbox"/> Parkinson's | <input type="checkbox"/> Rashes | <input type="checkbox"/> Sinus |
| <input type="checkbox"/> Numbness/Tingling | <input type="checkbox"/> Athletes Foot | <input type="checkbox"/> IBS/Colitis |
| <input type="checkbox"/> Shingles | <input type="checkbox"/> Ovarian/Menstrual Problems | <input type="checkbox"/> Pinched Nerve |
| <input type="checkbox"/> Cosmetic Surgery | <input type="checkbox"/> Crohn's / Ulcers | <input type="checkbox"/> Bladder/Kidney |
| <input type="checkbox"/> Ringing in the ears | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Vision Problems |
| <input type="checkbox"/> Anxiety/Stress | <input type="checkbox"/> PTSD | <input type="checkbox"/> Hearing Aids |
| <input type="checkbox"/> Contacts | <input type="checkbox"/> Dentures | <input type="checkbox"/> Marijuana Use |
| <input type="checkbox"/> Drug/Alcohol Abuse | | |

Any surgeries or other medical conditions not listed: _____

Do you exercise regularly and/or take part in any sports? ___ Yes ___ No

If yes, what kind? _____

Do you perform any repetitive movement in your work, sports, or hobby? ___ Yes ___ No

If yes, describe: _____

Do you sit for long hours at a workstation, computer, or driving? ___ Yes ___ No

If yes, describe _____

Do you experience stress at work or in your personal life? ___ Yes ___ No

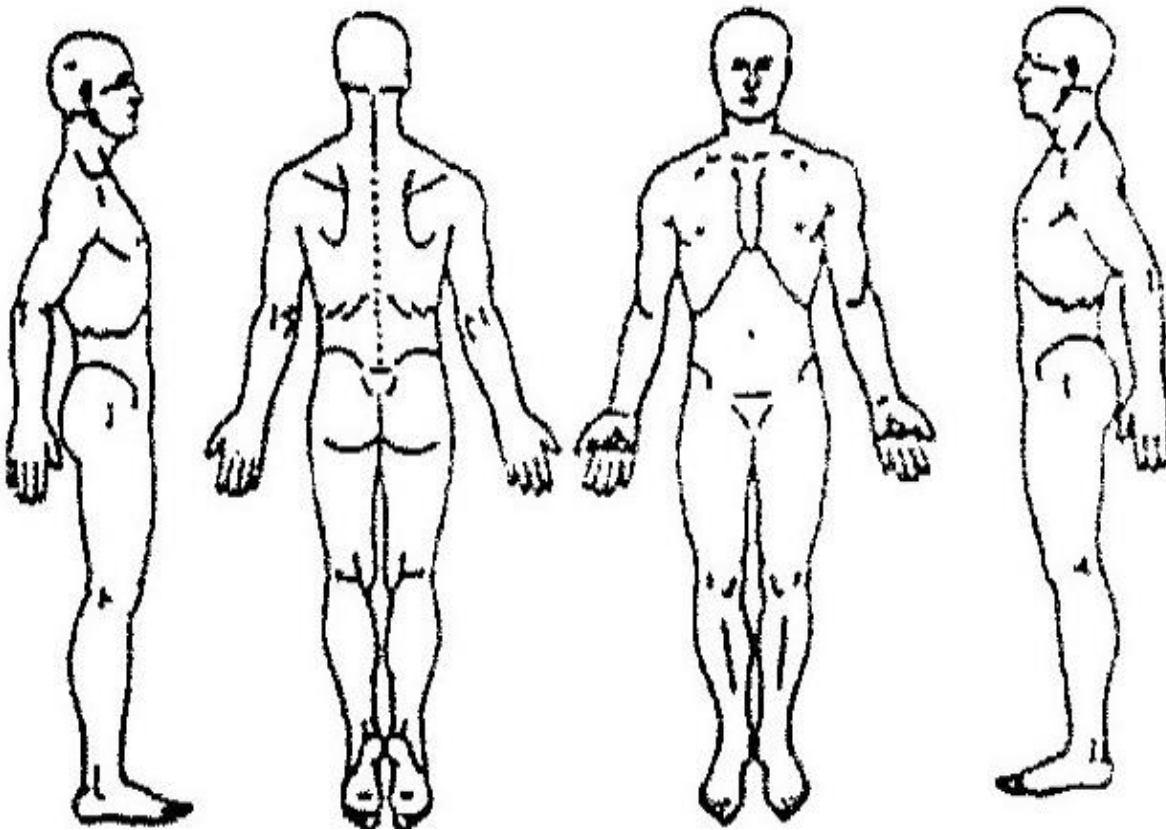
If yes, describe _____

Are you experiencing tension, stiffness, discomfort or pain? ___ Yes ___ No

If yes, describe _____

Have you recently had an injury, surgery, or areas of inflammation? ___ Yes ___ No

Please circle any areas of discomfort.



Please list any vitamins, herbal supplements, or medication(s) currently being taken:

Do you have any pain right now? ___No ___ Yes *If so, where?*

(If not applicable, skip this section.)

Is your pain _____ Constant _____ Sometimes _____ Sharp
 _____ Dull Ache _____ Numbing and Tingling

Does anything make the pain better or worse?

Client Agreement

I understand that the massage/bodywork I receive is for relaxation, muscular tension, and/or stress reduction. I am aware of the benefits and risks and understand there is no implied guarantee of success with individual techniques or series of appointments.

I understand that massage/bodywork is not a substitute for medical evaluation, treatment or diagnosis. I agree to be evaluated by a qualified medical specialist should I become aware of any mental or physical ailment that requires medical attention.

I understand that massage/bodywork practitioners do not perform spinal adjustments, prescribe medication, diagnose or treat illness, and discussion during my session should not be misinterpreted as such.

I understand that under certain conditions, massage/bodywork is contraindicated; therefore, I have stated all known medical conditions. I agree to keep the practitioner updated with any changes in my medical status and there will be no liability on the part of my practitioner should I fail to do so.

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____

COVID-19 AGREEMENT

I knowingly and willingly consent to have massage/bodywork therapy during the COVID-19 pandemic. I understand that the COVID-19 virus can have a long incubation period, during which carriers of the virus may not show symptoms and can still be highly contagious. I confirm that I am not presenting any of the following symptoms of COVID-19 listed below:

Fever temperature over 99.6°F degrees

Unexplained sores on soles of feet

Chills with or without body aches

Unusual fatigue

Shortness of breath

Cough

New loss of sense of taste or smell

Sore throat

Please seek immediate medical attention if you are displaying any severe signs of COVID-19.

I confirm that I have not been in close contact with anyone exhibiting the above COVID-19 symptoms within the past 14 days. I further confirm that I am not currently living with anyone who is sick or who is quarantined. To prevent the spread of contagious viruses and to help protect each other, I understand that I will have to follow the massage therapist's guidelines.

Signature: _____

Date: _____

I understand that if I cancel or miss an appointment without giving 24 hours' notice, I will be charged for that appointment.