



•Healing Melody Therapeutic Massage•

Client Intake Health History

Client Name: _____ DOB: _____

Address: _____ City _____ State _____ Zip _____

Phone (home): _____ (Cell) _____ Email: _____

Please help me ensure a safe and comfortable massage experience by providing the following information. Check all that apply (current or past) and explain.

Health History:

- Allergies (nuts, shellfish, scents, etc): _____
- Arthritis: _____
- Blood Clots: _____
- Blood pressure conditions: _____
- Cancer: _____
- Chronic Pain (joint, muscle, nerve): _____
- Diabetes: _____
- Fibromyalgia: _____
- Headaches: _____
- Heat Sensitivity: _____
- Heart Problems: _____
- History of strokes: _____
- Infections: _____
- Injuries: _____
- Insomnia: _____
- Immune system deficiencies: _____
- Lupus: _____
- Medications: _____
- Pain, numbness, tingling: _____
- Skin conditions: (bruising, acne, Rash): _____
- Surgeries: _____
- Varicose veins: _____
- Other: _____

Women: Are you currently pregnant? _____ How many months? _____

Daily activities affected by stress/pain/conditions: _____

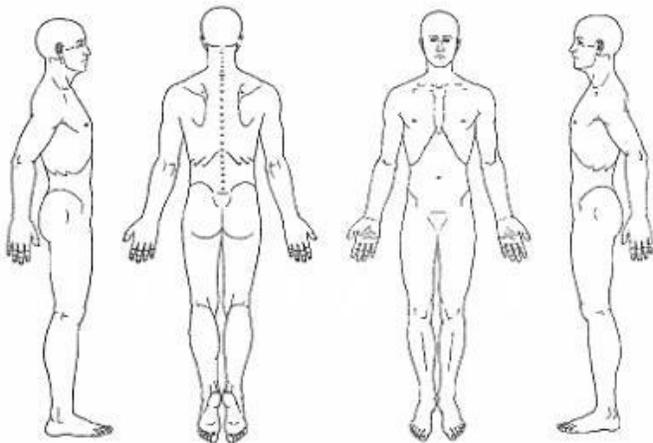
_____ **Are you under the age of 18?** Yes _____ No _____

Desired Massage Pressure: Light Medium Firm Deep

*Please note: **deep tissue** techniques are not the same as deep pressure, if you have a specific problem area; deeper techniques will be applied to those areas but shouldn't be used over the entire body. If you like deep pressure, then circle Deep, otherwise the therapist will use a light to firm pressure on areas not needing focused attention.*

Do you have any particular goals for your massage therapy session(s)? _____

Please circle the area(s) you would like more focused attention.



Are you comfortable with having therapeutic massage on the following areas (circle yes/no):

Gluteal region Y N Pectoral Muscles Y N Scalp Y N Face Y N Feet Y N Abdomen Y N

As a Licensed Massage Therapist, I adhere to a code of conduct intended to provide a safe, professional and therapeutic environment. If you have any concerns or questions, please bring them to my attention. Male/Female genitalia and women's breasts will not be exposed or massaged at any time. Modest draping will be used during the session – only the area being worked on will be uncovered. Clients under the age of 18 must be accompanied by a parent or legal guardian during the entire session. Informed written consent must be provided by parent or legal guardian for any client under the age of 18. I may, at my sole discretion refuse or discontinue massage services if I determine such services may be unsafe or cause discomfort for you.

I, (print name) _____ understand that the massage 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 therapist so that the pressure, temperature and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for 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 therapists 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 should not be performed under certain medical conditions, I understand, acknowledge and voluntarily accept the risk associated with massage services. I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part due to my failure to disclose any pre-existing condition, limitation or sensitivity; or my failure to inform my therapist of any discomfort during your session(s). The undersigned acknowledges he/she has read and understands this disclaimer.

Signature: _____ Date: _____

