Women’s Wellness Center Massage Therapy

Massage Intake Form - CONFIDENTIAL INFORMATION 7/14/16

WELCOME! We would like your massage experience to be as pleasant and therapeutic as possible. If at any time you have questions regarding your session, please let your therapist know. Relax and enjoy!

Name ____ Date of Birth ________________________

Have you ever received massage therapy? _____ Yes _____No

Who was your referring physician (if applicable)? ____

Please review this list and check those conditions that have affected your health either recently or in the past.

Place a check mark next to the condition:

____ currently pregnant (___ weeks)	____ diabetes	____ auto-immune condition
____ arthritis	____ high blood pressure	____ lupus
____ chronic pain	____ heart conditions	____ HIV/AIDS
____ headaches	____ blood clots	____ hepatitis (A,B,C, other)
____ back problems	____ stroke	____ cancer
____ scoliosis	____ surgery	____ seizures
____ whiplash	____ constipation/diarrhea	____ anxiety, panic disorder
____ broken/dislocated bones	____ rash, open cut (i.e. poison ivy)	____ depression
____ muscle strain/sprain	____ skin conditions	____ chemical dependency
____ TMJ disorder	____ bruise easily	(alcohol, drugs)

____ Spinal cond. (herniated discs, etc. ___________________________________)

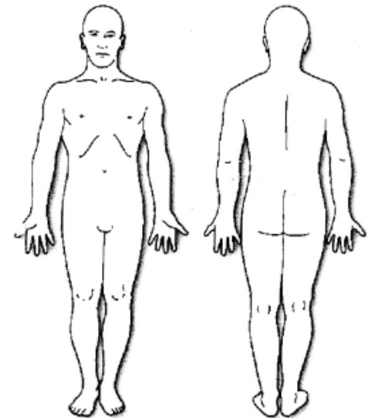
Please list name and reason for medications ____

____

Have you had a fever, cold or flu symptoms in the last 24 hours? _____ Yes _____No

Do you have any allergies? ____

Please indicate with an (X), the areas, if any, in which you are feeling discomfort:



What are your goals/expectations for this therapy session? ______________________

____

The following sensations sometime occur during massage. They are normal responses to relaxation*:* *The need to move or change position ▪ Sighing ▪ Yawning ▪ Change in breathing ▪ Stomach gurgling ▪ Feelings of emotion or recalling memories ▪ Movement of intestinal gas ▪ A shift in energy ▪ Falling asleep*

Please read the following information and sign below:

1. I understand that although massage therapy can be very therapeutic, relaxing and reduce muscular tension, it is not a substitute for medical examination, diagnosis and treatment.
2. Since massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully.

Signature ____ Date _________________