



YOUR BODY NEEDS
 MASSAGE THERAPY & AROMATHERAPY

Massage Therapy Health Intake

(Please fill out both sides and sign)

Date: _____

Name: _____ Date of Birth: _____

Address: _____ City/Zip: _____

Cell: # _____ Email: _____

Check here to confirm that you would not like to receive newsletters and information from Your Body Needs via e-mail.

How did you hear about us: Google _____ Yelp _____ What's Up Magazine _____ Radio Ad _____
 Friend/Family (please provide name so we may thank them) _____
 Other (please specify) _____

Do you wear contacts? _____ Dentures? _____, hearing aid? _____ Pacemaker? _____

List medications you are currently taking or ceased taking fewer than 6 months ago?

Are you currently under medical supervision? If yes, explain _____

Please check any that apply to you. SPECIFY when checked

- | | | | |
|----------------------|--------------------------|------------------------|--|
| High Blood Pressure | <input type="checkbox"/> | Low Blood Pressure | <input type="checkbox"/> |
| Epilepsy or seizures | <input type="checkbox"/> | Allergies | <input type="checkbox"/> |
| Varicose veins | <input type="checkbox"/> | Asthma | <input type="checkbox"/> |
| A contagious disease | <input type="checkbox"/> | Cancer | <input type="checkbox"/> |
| Heart problems | <input type="checkbox"/> | Digestive Conditions | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | Breathing Difficulties | <input type="checkbox"/> |
| Sensitive Skin | <input type="checkbox"/> | Sinus Problems | <input type="checkbox"/> |
| Carpel Tunnel | <input type="checkbox"/> | Eating Disorder | <input type="checkbox"/> |
| Headaches | <input type="checkbox"/> | Pregnant | <input type="checkbox"/> Due date: _____ |

Muscular problems (tension, cramping, chronic soreness) _____

Vertebral Conditions (herniated, bulging discs, deviations) _____

Recent accident, injury or surgery _____

Emotional difficulties (depression, anxiety, panic attacks, grieving) _____

Joint problems _____

Arthritis (osteoarthritis, rheumatoid) _____

Circulatory or Blood conditions (arteriosclerosis, varicose veins, phlebitis) _____

Neurological condition (e.g., numbness or tingling in any area of the body, sciatica, damage from stroke, multiple sclerosis)

Immune System conditions (chronic fatigue, HIV/AIDS) _____

Skeletal Conditions (osteoporosis, bone cancer, spinal injury) _____

Previous surgery, disease or other medical condition that may be affecting you now _____

Skin condition (e.g., rash, easy bruising, contagious condition) _____

Nut/ Herb/Essential Oil/ Botanical Allergies _____

Any other medical condition your massage therapist should know about?

Do you sit for long hours at a workstation, computer or driving? If yes, describe (how long, how many days per week, etc.)

Do you perform any repetitive movement in your work, sports or hobby? If yes, describe

Do you experience high levels of stress? If yes, do you think stress has affected your health? If yes, indicate how: Muscle tension (), anxiety () insomnia (), irritability (), other ()

Do you experience difficulty lying on your stomach, back or other part of your body?

Is there an area of your body where you are experiencing tension, stiffness, or discomfort?

Do you have any goals in mind for today's session related to any of the conditions mentioned?

I understand that I should see an appropriated health care provider for diagnosis and treatment of any suspected medical problem. I also understand that is my responsibility to keep my massage practitioner informed of any changes in my health and any medications that I may begin to take in the future. The above information will be treated confidentially. By signing this form, I also give consent for future sessions.

I understand that 24 hours' notice is required for rescheduling or cancellation of appointments and with failure to do so I will be charged for the full amount of the session.

I have read this form and hereby give permission to be administered therapeutic massage.

Signature _____

Date _____

*****When your massage session has ended and you are ready, open the door slightly and wait for your therapist to re-enter the room to conclude your appointment. Thank you.*****