



Wellness As Rx Massage Therapy

MASSAGE INTAKE FORM

DATE : _____

Name _____ Date of birth _____

Address _____

City, State, Zip _____ Occupation _____

Phone: _____ Email Address: _____

Emergency Contact (Name, #) _____

List any exercise activities. Include frequency: _____

Have you received massage therapy before? YES NO Date of last session: _____

Health / Medical History		
Do you have any disc disorders?	YES NO	Comment:
Taking any blood thinners or pain relievers?	YES NO	Comment:
Do you have any known allergies?	YES NO	Comment:
Conditions (Are you experiencing, or do you have any of the following): Circle all that apply		
Pregnancy	Headaches	Cuts/Bruises
Numbness / Tingling	Cold / Flu / Fever	High / Low Blood Pressure
		Skin Conditions/ Plantar Warts
		Recent Injections

Modalities

Swedish / DeepTissue: (draping preference)

Customary / Modest (only area being worked on is uncovered, work along lower sternum over chest draping)

European / Less Modest - without chest draping for work on lower sternum, pecs, and/or abdomen _____ int.

Thai Fusion: (optional stretch)

Include Bhujangasana (cobra pose without chest draping) _____ int.

Lomi Lomi: (draping preference)

with chest draping as traditionally without chest draping _____ int.

Consent for massage therapy treatment

Massage therapy is provided for the basic purpose of relaxation, stress reduction and relief of muscular tension. Massage therapy services are designed to be a health aid and in no way are meant to take the place of a physician's care. Information exchanged during a massage session is educational in nature and is intended to help me become more familiar and conscious of my own health status and is to be used at my own discretion. Because massage should not be performed under certain medical conditions I affirm that I have stated all my known medical conditions and answered all questions honestly and I understand that it is my responsibility to keep the therapist updated as to any changes in my medical profile.

Signature: _____ Date: _____

OFFICE USE ONLY
