

Massage Therapy

CLIENT INTAKE FORM

SHELLY MESCHKE MASSAGE & ENERGY

Name _____

Date _____

Address _____

Date of Birth _____

Phone _____

Emergency contact _____ Phone _____

Email _____

****Please answer the questions below.**

How did you learn about me? _____

Have you received massage therapy or bodywork before? Yes No

Are you on any medication? Yes No If yes, which ones _____

Do you exercise? Yes No If yes, how many times per week? _____ How many hours? _____

****Please mark and make notations of any of the following conditions you may *currently* have.**

- | | | |
|--|---|---|
| <input type="checkbox"/> Neck injury | <input type="checkbox"/> Alcohol within 24hrs | <input type="checkbox"/> Recent surgery |
| <input type="checkbox"/> Infection | <input type="checkbox"/> Cancer | <input type="checkbox"/> Open wounds |
| <input type="checkbox"/> PMS | <input type="checkbox"/> Sports injury | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Emotional changes | <input type="checkbox"/> Phlebitis | <input type="checkbox"/> Chronic pain |
| <input type="checkbox"/> Sinus congestion | <input type="checkbox"/> Bruises | <input type="checkbox"/> Blood clot |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> High Blood pressure | <input type="checkbox"/> Fever within 24hrs |
| <input type="checkbox"/> Cold virus | <input type="checkbox"/> Varicose veins | <input type="checkbox"/> Wear contacts |
| <input type="checkbox"/> Flu | <input type="checkbox"/> Acute pain | <input type="checkbox"/> Others, please specify |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Grief process | _____ |

I understand that massage therapy is for the purpose of stress reduction, relief from muscular tension or spasm, or for increasing circulation. I understand that the massage therapist does not diagnose illness, disease or any other physical or mental disorder. The massage therapist does not prescribe medical treatment nor perform spinal manipulations. I will inform the therapist of my current condition at the time of each visit. I agree to the Cancellation, Late Arrival, and Inappropriate Behavior Policies, as posted by Shelly Meschke Massage.

Signature _____