

Client Intake Form

Name_____

Date_____

Are you wearing any face or eye makeup?

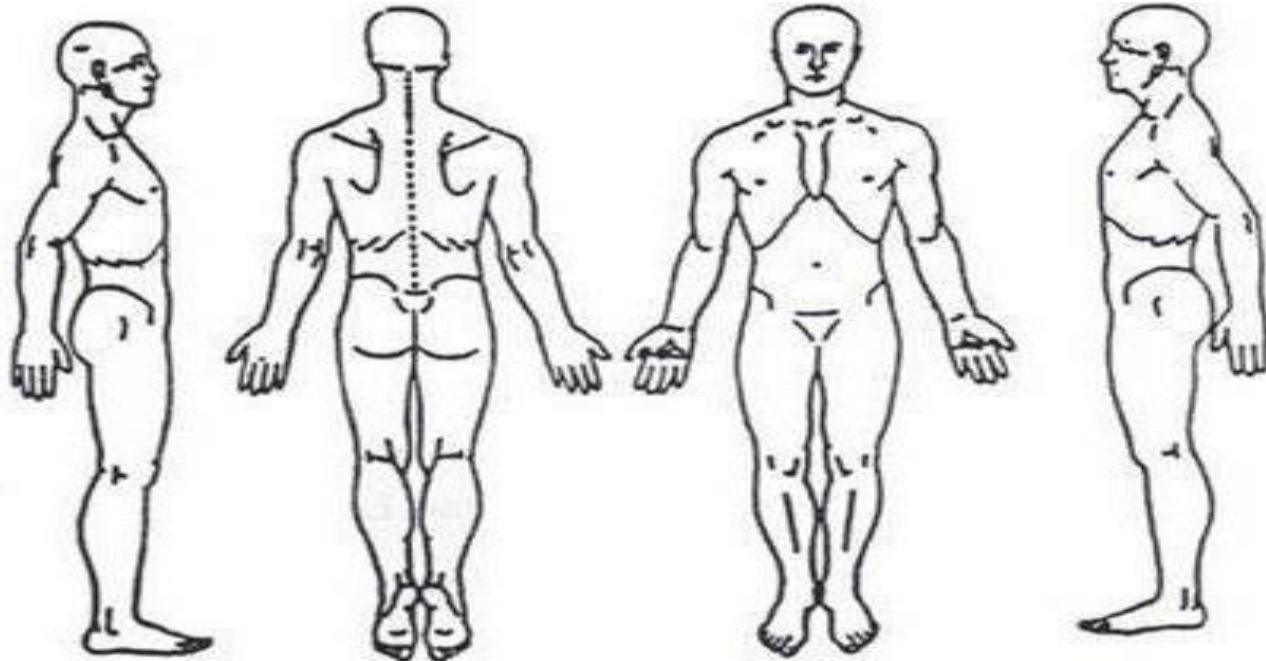
Yes No

If this is a return visit, have any of these conditions changed since your last massage?

- | | | |
|--|--|--|
| <input type="checkbox"/> Alcohol use | <input type="checkbox"/> Heart attack / Pace maker | <input type="checkbox"/> Poor circulation |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Pregnancy _____ months |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Sinus infection |
| <input type="checkbox"/> Bruise easily / Current Bruises | <input type="checkbox"/> Illness / Disease | <input type="checkbox"/> Skin Irritation / Rash |
| <input type="checkbox"/> Cancer / Tumors | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Skin conditions / Skin Diseases |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Localized Infections | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Drug use | <input type="checkbox"/> Low blood pressure | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Edema | <input type="checkbox"/> Medications | <input type="checkbox"/> Swelling |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Open Wounds | <input type="checkbox"/> TMJ |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Varicose veins |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Painful joints / Bursitis | <input type="checkbox"/> Nut Allergies |
| <input type="checkbox"/> Fractures | <input type="checkbox"/> Painful menstruation | <input type="checkbox"/> Other Allergies |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Phlebitis / Thrombosis | |

If you checked any of the above conditions or if you have a condition not listed above, please explain:

Please circle areas on the diagram below that you feel need extra work. Cross out any areas you would like to be avoided.



Preferred Pressure (circle one):

Light

Medium

Deep

???

Signature: _____