

Jennifer McCluer

Massage Intake Form

Name: _____ Telephone: _____

Address: _____

City: _____ State/ZIP: _____

Email: _____ Date of Birth: _____

Who may we thank for referring you? _____

Describe the reason for the visit: _____

When did it begin? _____ Has it: gotten worse stayed constant come & gone

Does this interfere with: work sleep daily routine other activities

Please explain: _____

Have you seen a doctor for this condition? yes no

Please check all that apply to you:

	present	past		present	past		present	past
heart surgery/pacemaker			difficulty breathing			abnormal weight gain or loss		
high blood pressure			epilepsy/seizures			stroke		
osteoporosis			arthritis			frequent headaches		
HIV/AIDS			loss of sleep			pregnant - due date		
diabetes			frequent neck pain			serious injuries		
digestive problems			cancer			surgeries		

Medications you take:

cholesterol medications blood pressure medicine muscle relaxers vitamins & supplements
 stimulants blood thinners insulin tranquilizers pain killers (including aspirin)
 other _____

To the best of my knowledge, the above information is complete and correct. I understand that reporting incomplete or inaccurate information can be dangerous to my health. I understand that I am solely responsible for any errors or omissions that I may have made in the completion of this form. I understand that it is my responsibility to inform my health care provider if I ever have a change in health.

I understand that massage therapy services are for the primary purpose of short-term relaxation and the relief of muscular tension. I understand that massage therapy services are in no way a substitute for examination, diagnosis or treatment by a physician. I understand that individuals providing massage therapy services are not qualified to diagnose, prescribe or treat any physical or mental illness and are not qualified to perform spinal or skeletal adjustments. I acknowledge that any information I receive from individuals performing massage therapy services is educational in nature and is used at my own discretion.

SIGNATURE

DATE