

MASSAGE & BODYWORK THERAPY

BRIAN LAWRENCE LICENSED MASSAGE THERAPIST

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Client Intake and Consultation Form

Date: _____

Name _____ Age _____ Date of birth _____
Street Address _____ City _____
State _____ Zip _____ Home Phone _____ Work/Cell _____
Occupation _____
Emergency Contact Name and Phone _____ Relation _____

Health

Have you ever had massage therapy or other bodywork? Yes / No

If yes, when was your last massage? _____

What style of massage have you experienced (swedish, shiatsu, deep tissue, rolfing, sports, etc)? _____

Are you currently taking any medications? Yes / No

If yes, please list name and reason for medications _____

Are you currently seeing a healthcare professional? Yes / No

If yes, please list names and reason/treatment _____

Please check any of the below conditions that have affected your health either recently or in the past:

- | | | |
|--|---|---|
| <input type="checkbox"/> arthritis | <input type="checkbox"/> depression, panic disorder | <input type="checkbox"/> muscle strain/sprain |
| <input type="checkbox"/> asthma/breathing problems | <input type="checkbox"/> diverticulitis | <input type="checkbox"/> pregnancy |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> hepatitis | <input type="checkbox"/> scoliosis |
| <input type="checkbox"/> back problems/disc | <input type="checkbox"/> TMJ disorder | <input type="checkbox"/> seizures |
| <input type="checkbox"/> blood clots | <input type="checkbox"/> headaches/migraines | <input type="checkbox"/> skin conditions |
| <input type="checkbox"/> broken/dislocated bones | <input type="checkbox"/> heart conditions | <input type="checkbox"/> stroke |
| <input type="checkbox"/> bruise easily | <input type="checkbox"/> high blood pressure | <input type="checkbox"/> surgery |
| <input type="checkbox"/> cancer | <input type="checkbox"/> insomnia | <input type="checkbox"/> toe fungus |
| <input type="checkbox"/> car accident | <input type="checkbox"/> kidney problems | <input type="checkbox"/> varicose veins |
| <input type="checkbox"/> chronic pain | <input type="checkbox"/> auto-immune condition | <input type="checkbox"/> whiplash |
| <input type="checkbox"/> constipation/diarrhea | (HIV, fibromyalgia, chronic fatigue, lupus, etc.) | <input type="checkbox"/> chemical dependency (alcohol, drugs) |

Please write any details about the above checked conditions _____

Do you have any allergies or reactions to:

Medications or foods (nuts, oils, etc)? _____

Environmental allergens (dust, pollen, fragrances)? _____

Reactions to skin care products or lotions? _____

(continued on back)

Today's Session

What are your primary concerns or goals for massage? _____

Other Concerns? _____

Rate your concern minor problematic major

Rate frequency re-occurring/chronic getting worse getting better

How would you rate your current stress level? no stress a little medium major life stress

Are you aware of where you hold stress in your body? Yes / No If so, where? _____

At your occupation, do you have repetitive motions or injuries? _____

Do you have any of the following today?

cold/flu open cuts anything contagious injuries/bruises severe pain

Skin conditions:

acne sensitive birthmarks/ moles warts dermatitis exzema herpes hives

poison ivy psoriasis sunburn other

Are there any areas (besides genitals and breasts) in which you do NOT want to receive massage? abdomen/stomach arms buttocks back chest face feet head hands legs other

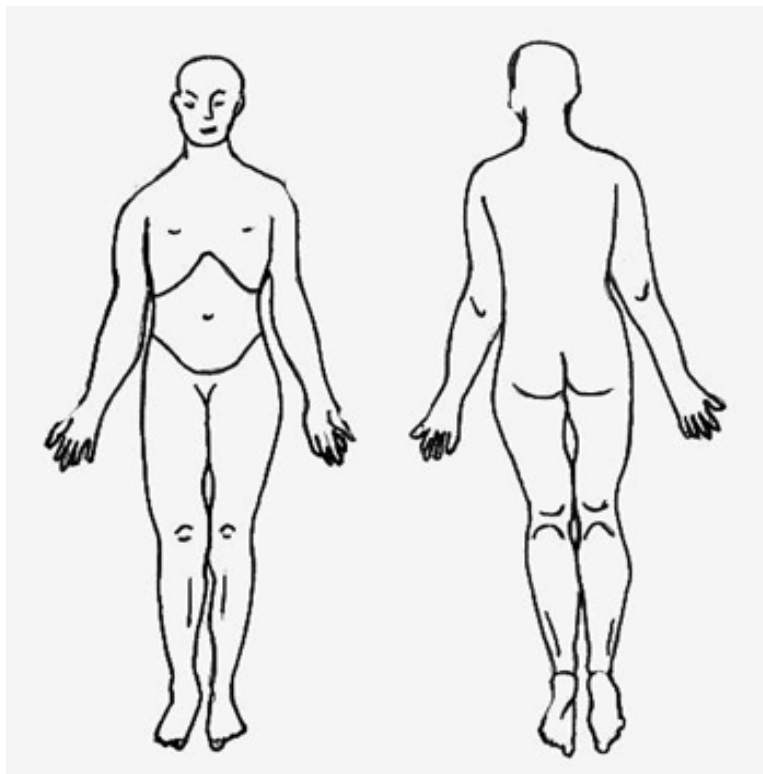
Please review the body map to the right and circle any areas of discomfort and label with:

N=numb

P=painful/tight

T=tender

O=other



Consent For Care

I understand that although massage therapy can be very therapeutic, relaxing and reduce muscular tension, it is not a substitute for medical examination, diagnosis and treatment. Massage should not be done under certain medical conditions and I affirm that I have answered all questions pertaining to health and medical conditions truthfully. I agree to inform the massage therapist during the massage if I feel any discomfort or significant pain. I agree to hold Brian Lawrence and Massage & Body harmless from any claims or personal injury.

Signature: _____ Date: _____

