

Therapeutic Massage Client Intake

In what position do you most often wake up?

- Back
- Side
- Stomach

Have you ever been in an accident (automobile, work, falls, etc.)?

If yes, list all diagnoses and/or treatments you received after the accident

What do you do for exercise? How often?

What do you do to relieve stress? How often?

Please list all Current Medications including Herbs

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Pain and Discomfort Checklist

Please check any symptoms that apply to you and circle left or right when applicable:

Head

- | | | | |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> Temples | <input type="checkbox"/> Forehead | <input type="checkbox"/> Top of Head | <input type="checkbox"/> In the Eyes |
| <input type="checkbox"/> Entire head | <input type="checkbox"/> Base of skull | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Light-headedness | <input type="checkbox"/> Pain in ears | <input type="checkbox"/> Ringing in ears | <input type="checkbox"/> Other: |

Neck

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Stiffness | <input type="checkbox"/> Pain at neck/shoulder | <input type="checkbox"/> Pain when turning head | <input type="checkbox"/> Pain with side to side movement |
| <input type="checkbox"/> Muscle spasm in neck | <input type="checkbox"/> Grinding/ clicking sound | <input type="checkbox"/> Worse in the morning | <input type="checkbox"/> Worse in the evening |
| <input type="checkbox"/> Any Medical diagnosis – when? | | | |
| <input type="checkbox"/> Surgery – when? | | | |

Shoulders

- | | | | |
|--|---|--------------------------------|-------------------------------|
| <input type="checkbox"/> Pain in shoulder -> | <input type="checkbox"/> Front | <input type="checkbox"/> Back | <input type="checkbox"/> Side |
| <input type="checkbox"/> Pain in shoulder joint | <input type="checkbox"/> Pain raising arm | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Any Medical diagnosis – when? | | | |
| <input type="checkbox"/> Surgery – when? | | | |

Arms & Hands

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Pain in upper arm L or R | <input type="checkbox"/> Pain in forearm L or R | <input type="checkbox"/> Pain in wrist L or R | <input type="checkbox"/> Pain in fingers |
| <input type="checkbox"/> Pins & needles in arm L or R | <input type="checkbox"/> Pins & needles in fingers L or R | <input type="checkbox"/> Fingers go to sleep | <input type="checkbox"/> Cold hands |
| <input type="checkbox"/> Swollen fingers | <input type="checkbox"/> Sore finger joints | <input type="checkbox"/> Loss of grip strength L or R | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Any Medical diagnosis – when? | | | |
| <input type="checkbox"/> Surgery – when? | | | |

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Mid-Back

- Mid-back Pain -> Between shoulder blades Across mid-back
- Pain up/down back Pain with breathing Other
- Any Medical diagnosis – when?

- Surgery – when?

Low Back

- Low back pain -> Worse standing Worse sitting Worse lying down
- Worse bending Worse lifting Worse in the morning Worse in the evening
- Radiates down Radiates up Across low back Other:
- Any Medical diagnosis – when?

- Surgery – when?

Hip

- Pain in buttocks Worse when standing Worse when sitting Worse lying down
- Pain on side of hip Pain deep in the joint Pain at sitting bone Worse in the evening
- Radiates down Radiates up Other:
- Any Medical diagnosis – when?

- Surgery – when?

Legs and Feet

- Pain down one leg L or R Pain down both legs Leg cramps L or R
- Pins and needles L or R Pins and needles in both legs Feet feel cold
- Numbness in leg L or R Numbness in both legs Numbness in toes
- Knee pain L or R Knee swells L or R
- Foot Cramps L or R Foot and/or ankle swollen L or R Foot pain L or R

- Any Medical diagnosis – when?

- Surgery – when?

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If you have ever had any of the following please check P for "past", C for "current" or N for "no"

Specific Medical Conditions	P	C	N	Comments
Skin Conditions (rashes, infections, itching, etc.)				
Allergies				
Cardiovascular Conditions (heart attack, angina, high blood pressure, etc.)				
Liver or Kidney Conditions				
Respiratory Conditions				
Cancer or Tumors (malignant or benign)				
Diabetes				
Arthritis				
Pregnancy				
Injuries (disc problems, tendinitis, knee problems, fractures, etc.)				
Headaches (chronic, severe, etc.)				
Other conditions not mentioned above				

Massage Policies and Agreements:

Client services and information are confidential. Written authorization is required from you to release any information to other healthcare providers, insurance, or other individuals.

- Please turn off your cell phone prior to entering the treatment room.
- Please reschedule your session if you are more than 15 minutes late.
- 24-hour cancellation notice is required to avoid being charged for your session

I understand that massage therapists do not diagnose illness, disease, any physical or mental disorder, nor do they prescribe medical treatment, pharmaceuticals, or perform joint mobilization.

I acknowledge that massage therapy is not a substitute for medical examination or diagnosis, and it is recommended that a physician be seen for that service.

All information provided here is current and complete. I understand that my failure to disclose any medical condition may pose a threat to my health and well-being and I hold harmless Robin Lamperti from any liability whatsoever arising from failure on my part.

I agree that all the information provided is accurate and complete, and I agree to the massage policies and client agreement as stated above.

Signature:

Date: