

# MASSAGE AND YOGA THERAPY INTAKE FORM

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## Tell Us About Yourself

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Birthday \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Best Phone # \_\_\_\_\_ Email \_\_\_\_\_

Area(s) of Tension \_\_\_\_\_

Do you exercise? \_\_\_\_\_ How often? \_\_\_\_\_

Type of exercise \_\_\_\_\_ Other Activities \_\_\_\_\_

Occupation/Primary Activities \_\_\_\_\_

## Treatment Goals

What are your expectations of your massage or yoga therapy sessions?

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## Health Snapshot

*List any medications you are currently taking, including prescriptions, vitamins, and herbs*

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*Do you currently have any swelling, pain, tenderness, numbness or tingling sensations?*

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*List any surgeries including dental/jaw and joint replacements:*

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**Would you like to receive emails from Neponset Valley Yoga & Massage?** (circle all that apply)

Weekly Poem

Monthly Newsletter

Upcoming Events

No thanks

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## Medical History Details

*If you have ever had any of the following please check **P** for "Past" or **C** for "Current"*

<b>C</b>	<b>P</b>	<b>Medical Condition</b>	<b>C</b>	<b>P</b>	<b>Medical Condition</b>
		High Blood Pressure			Neck or Back Pain
		Heart Disease			Gastritis, GERD, Ulcers
		Diabetes			IBS, Colitis or Crohn's Disease
		Hypoglycemia			Lyme Disease
		Cancer			Arthritis
		Headaches			Thyroid/Endocrine problem
		Depression			Sleep Disorders
		Anxiety Disorder, Panic Attacks			HIV/AIDS
		Glaucoma			Epilepsy
		Respiratory Problems including Asthma, Emphysema, COPD			Allergies (Specify seasonal or other)
		Other			

*Are you a peri/menopausal woman experiencing any of the following:*

Irritability/Mood Swings      Irregular Periods      Hot Flashes/Night Sweats      Migraines

Other Menstrual or Menopausal Symptoms:

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*Have you been diagnosed with Chronic Fatigue Syndrome, Chronic Pain, or Fibromyalgia?*

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I agree that all information provided is accurate and representative of my overall state of health and affirm that I am not under any restrictions by my doctor. I will inform Neponset Valley Yoga & Massage immediately in the event of a change in my health.

Signature \_\_\_\_\_ Date \_\_\_\_\_