

Paula McLendon
Licensed Massage & Body Work Therapist
(NC 6351)

Massage Client Intake Form

Date _____

Name _____

Referred by: _____

Address _____

Emergency Contact: _____

City _____ State _____ Zip _____

Emergency Phone: _____

Phone (Home): _____

Date of Birth: _____

(Work): _____

Employer: _____

(Cell): _____

Occupation: _____

Family Physician: _____

Date of Last Physical Exam: _____

Have you ever had therapy before? Yes _____ No _____

Frequency: _____

Reason For Today's visit: _____

Desired results: _____

How do you relax? _____

Exercise activities: _____

Medical Information

Are you Pregnant? _____ Weeks/ Months: _____

Are you under a doctor's care? Yes _____ No _____

For what conditions? _____

Current Medications (include over-the-counter pain relievers and herbal remedies) _____

Have you had any serious or chronic illness, operations, chronic virus infections, or traumatic accidents?

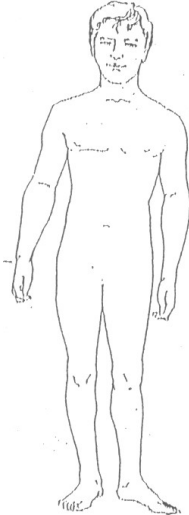
DO YOU HAVE ANY OF THE FOLLOWING PROBLEMS

- Frequent Headaches
- Neck pain/ tightness
- Allergies Sinus Problems
- Wear Contacts
- Menstrual Cramps
- Menopause Problems
- Urinary problems
- Constipation
- Loose bowels
- Hiatal Hernia
- Bruise easily
- Open cuts/ Sores
- Varicose veins
- Asthma/ Bronchitis
- Diabetes/ Hypoglycemia
- Tumors/ Cancer

- Heart Disease
- Chest Pains
- High Blood Pressure
- Low Blood Pressure
- Swelling in feet/ Ankles
- Phlebitis/ Thrombosis
- Difficulty relaxing
- Difficulty sleeping
- Anxiety
- Disc problems
- Arthritis/ Rheumatism
- Ulcer/ Colitis/ Diverticulitis
- Chronic Fatigue
- Sciatica
- Fibromyalgia

**ON THE FIGURES BELOW,
PLEASE SHADE IN ANY AREAS
OF MUSCLES OR JOINTS THAT CAUSE PAIN OR STIFFNESS**

RIGHT



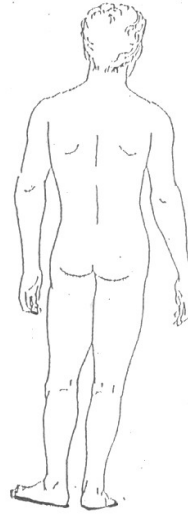
LEFT



RIGHT

LEFT

LEFT



RIGHT

I understand that certain treatments may be contraindicated if I have a specific medical condition or specific symptom. I understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should seek assistance from a medical specialist for any ailment of which I am aware. I understand that massage/bodywork therapists are not qualified to diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such.

Client Signature _____ **Date** _____