325 West 1100 South
Brigham City, UT 84302
435-237-2001

**Client Intake Form**

Name: Date of Birth:

Address: City/State/Zip:

Phone number: Email:

Would you like to be on an email list for promotions and appointment availability? [ ] Yes [ ] No

Occupation:

Emergency Contact: Relationship: Number:

How did you hear about us?

*The following information will be used to help plan safe and effective massage sessions. Please answer the questions to the best of your knowledge.*

Have you had a massage before? [ ] Yes [ ] No

Are you allergic to latex, lanolin, analgesic balms, essential oils, other?

Do you have any difficulty lying on your front, back, or side? [ ] Yes [ ] No
If yes, please explain:

Do you have any of the following: [ ] Pins, Plates, or Screws [ ] Surgical Implants
If so, where:

Are you wearing: [ ] Contact lenses [ ] Dentures [ ] Hearing Aid

What are your goals for this treatment? (i.e., pain relief, relaxation, etc.)

**Medical History**

*In order to plan a safe and effective massage session, I need some general information about your medical history.*

Any previous/current broken bones or traumatic accidents?

Have you had any recent surgeries?

Please list any medications or supplements that you are taking.

**Health History**

*Please select any past or current health conditions you may have:*

[ ]  Allergies [ ]  Edema/Swelling [ ]  Tension/Stress [ ]  Scoliosis

[ ]  Sleep Difficulties [ ]  Whiplash [ ]  Chronic Pain [ ]  Sinus Issues

[ ]  Headaches, Migraines [ ]  Cancer [ ]  Pinched Nerve [ ] Digestive Issues/IBS

[ ]  Numbness/Tingling [ ]  Epilepsy/Seizures [ ]  Cardiovascular Issues [ ]  High Blood Pressure

[ ]  Stroke [ ]  Sciatica [ ]  Jaw Pain (TMJ) [ ]  Bursitis

[ ]  Bone or Joint Disease [ ]  Varicose Veins [ ]  Depression/Anxiety [ ]  Arthritis

Any other medical condition(s) not listed:

*When you meet with your student therapist, painful areas will be marked with an X*



If indicated, please explain any spots I should be aware of:

*At the time of your appointment, your body temperature will be recorded below*

Client’s Temperature: Therapist’s Temperature:

***INFORMED CONSENT****: The above information is accurate to the best of my knowledge and I freely give my permission to be massaged. I agree to inform the therapist of any experience of pain during the session. I understand that bodywork should not be used as a substitute for medical examination, diagnoses, or treatment and I should consult the appropriate health care provider for mental or physical ailments. I understand that no inappropriate comments or conduct will be tolerated. Any indication of such behavior will automatically end the session.*

*Finally, I understand that all my information is confidential and released only with my written consent or as required by law.*

Signed (the client): Date:

Student Therapist: Date:

Supervising Instructor: Date: