



**Massage Patient Intake**

Patient Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Occupation: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_

How did you hear about our office? \_\_\_\_\_

Please list any hobbies, activities, sports or exercise in which you are currently involved:

\_\_\_\_\_

Do you currently, or have you ever had any problems or discomfort in the following areas?

- |                 |                       |                        |                    |
|-----------------|-----------------------|------------------------|--------------------|
| - Back/Spine    | -Arthritis/Joints     | -Athletes foot/Fungus  | -Cancer            |
| -Arms/Hands     | -Blood Pressure       | -Digestion             | -HIV/AIDS          |
| -Neck/Shoulders | -Diabetes             | -Diarrhea/Constipation | -Bleeding Disorder |
| -Legs/Feet      | -Varicose Veins       | -Speech                | -Vision/Contacts   |
| -Skin           | -Cardiovascular/Heart | -Insomnia              | -Hearing           |
| -Sciatica       | -Respiratory/Lungs    | -Numbness/tingling     | -Other _____       |
| -Sinus          | -Headaches            | -Hepatitis             |                    |

Please describe any of the above conditions: \_\_\_\_\_

What are your goals for this visit? \_\_\_\_\_

What causes you stress, and where in your body do you feel it? \_\_\_\_\_

\_\_\_\_\_

Have you ever had a therapeutic massage? Yes/No How often? \_\_\_\_\_

Female: Are you expecting? Yes/No Circle one; Light Moderate or Deep Pressure

Do you have any difficulty lying on your front, back or side? Yes/No

Do you have any allergies to oils or lotions? Yes/ No

Describe any operations, accidents or injuries you have had and give relevant dates: \_\_\_\_\_

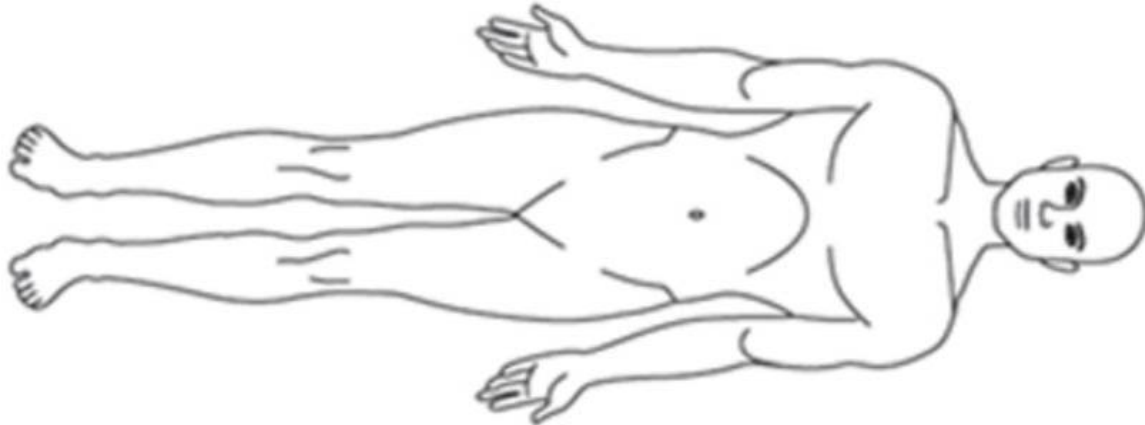
\_\_\_\_\_

Describe any medical treatment or body work you are currently receiving: \_\_\_\_\_

Are you currently under chiropractic care? Yes/No

Who's your Chiropractor? Name: \_\_\_\_\_ Clinic Number: \_\_\_\_\_

**Please feel free at any time to state preferences and make request that will make your massage more comfortable. REV 05/ 2023**



CIRCLE AREA OF PAIN AND/OR DISCOMFORT