Health history & intake

A few things that are true in every session:

You stay covered except for the area I'm working on. Keep on any clothing you want to keep on.

You can change the pressure, the music, or the amount of talking at any point, and you can ask me to skip an area or stop entirely, without giving a reason.

If you'd like me to tell you before I move to a new area, just ask.

If you'd rather not fill this out alone, we can go through it together. I'm glad to write it down for you if you'd prefer.

ABOUT YOU

NAME

NAME YOU'D LIKE ME TO USE

PRONOUNS

DATE OF BIRTH

PHONE

EMAIL

EMERGENCY CONTACT NAME AND PHONE NUMBER

How I can reach you: ☐ Text ☐ Email ☐ Voicemail is fine ☐ Phone call

HOW DID YOU HEAR ABOUT ME?

TODAY'S SESSION

What brings you in? What would you like to work on?

Where are you holding tension or pain right now? How long has it been going on?

Have you had massage before?

☐ Yes, regularly ☐ Yes, occasionally ☐ This is my first

Pressure you prefer:

☐ Light ☐ Medium ☐ Firm ☐ Not sure yet

HEALTH HISTORY

Please check anything that applies to you now or in the past. Most of these tell me how to adapt, not whether we can work together.

Circulatory & cardiac

☐ Blood clot / DVT (ever) ☐ Bruise or bleed easily ☐ Heart condition ☐ High blood pressure
☐ Low blood pressure ☐ Pacemaker or implant ☐ Swelling in legs or arms ☐ Varicose veins

Musculoskeletal

☐ Chronic pain ☐ Disc injury or herniation ☐ Fibromyalgia ☐ Frozen shoulder
☐ Joint replacement ☐ Osteoarthritis ☐ Osteoporosis ☐ Recent fracture
☐ Rheumatoid arthritis ☐ Sciatica ☐ Scoliosis ☐ TMJ pain

Neurological

☐ Concussion history ☐ Dizziness or vertigo ☐ Headaches or migraines ☐ Multiple sclerosis
☐ Neuropathy ☐ Numbness or tingling ☐ Seizures ☐ Stroke

Mental health

☐ Anxiety or panic disorder ☐ Depression ☐ Insomnia ☐ PTSD

Anything else about your mental health you'd like me to know?

Systemic

☐ Autoimmune condition ☐ Cancer (current) ☐ Cancer (past) ☐ Diabetes
☐ Kidney or liver condition ☐ Lymph nodes removed ☐ Lymphedema ☐ Thyroid condition

Skin

☐ Contagious skin condition ☐ Eczema or psoriasis ☐ Open wounds, sores, or new tattoos ☐ Sensitive skin, sunburn, or current bruises

Anything checked above you'd like to say more about

☐ **Currently pregnant**

If so, how many weeks or which trimester

MEDICATIONS, ALLERGIES & RECENT HISTORY

Medications, supplements, and anything worn on your skin: blood thinners, muscle relaxers, pain medication, patches, pumps, monitors, etc.

Allergies or sensitivities, including nuts (many massage oils are almond or coconut based) and scents

Surgeries in the last two years, and when

Injuries in the last year, and when

Are you under the care of a doctor, physical therapist, or chiropractor for anything right now?

WORKING TOGETHER

Areas you'd like me to avoid entirely

Positions that are uncomfortable or that you'd rather not be in (face down, face up, side-lying)

Is there anything that would help you feel more at ease on the table?

YOUR SIGNATURE

The information above is accurate as far as I know, and I'll say if anything changes. I understand massage therapy is not medical care and that a licensed massage therapist does not diagnose or prescribe.

SIGNATURE

DATE