

## **Intake Form**

	Phone	D	DOB	
Address	City	State	Zip	
Email				
Referred by				
Occupation	Male Female	Physician		
Health Insurance Carrier _				
In case of emergency	Phone _			
HEALTH HISTORY Pleas	se provide information for the past 5 years	, including type, approximate	e dates and treatment.	
Please list any surgeries •	major illnesses • injuries:			
Please list any medication	s • vitamins • supplements you are current	tly taking:		
r lease list any medication	s - vitamins - supplements you are current	try taking.		
HEALTH CONDITIONS	Places sirals any surrent and provious cor	aditions A referral from your	r primary care provider may be	
HEALTH CONDITIONS Frequired prior to service be	Please <b>circle</b> any current and previous coring provided.	nditions. A referral from you	r primary care provider may be	
required prior to service be General	eing provided.  Cardiovascular and Respiratory	Muscles and Joints	Digestion and Elimination	
required prior to service be General Stress	eing provided.  Cardiovascular and Respiratory Anemia	Muscles and Joints Arthritis	<b>Digestion and Elimination</b> Heartburn	
required prior to service be General	eing provided.  Cardiovascular and Respiratory Anemia Heart Attack	Muscles and Joints Arthritis Fractures	<b>Digestion and Elimination</b> Heartburn Bowel Problems	
required prior to service be  General  Stress  Pain  Headaches	cing provided.  Cardiovascular and Respiratory Anemia Heart Attack Heart Disease	Muscles and Joints Arthritis Fractures Bursitis	Digestion and Elimination Heartburn Bowel Problems Gastric Reflux	
required prior to service be <b>General</b> Stress Pain	Cardiovascular and Respiratory Anemia Heart Attack Heart Disease Varicose Veins	Muscles and Joints Arthritis Fractures Bursitis Disk Problems	<b>Digestion and Elimination</b> Heartburn Bowel Problems	
required prior to service be  General  Stress  Pain  Headaches	cing provided.  Cardiovascular and Respiratory Anemia Heart Attack Heart Disease	Muscles and Joints Arthritis Fractures Bursitis Disk Problems Osteoporosis	Digestion and Elimination Heartburn Bowel Problems Gastric Reflux Gas/Bloating Ulcers	
required prior to service be  General Stress Pain Headaches Infections	Cardiovascular and Respiratory Anemia Heart Attack Heart Disease Varicose Veins	Muscles and Joints Arthritis Fractures Bursitis Disk Problems	Digestion and Elimination Heartburn Bowel Problems Gastric Reflux Gas/Bloating	
required prior to service be  General Stress Pain Headaches Infections Numbness	Cardiovascular and Respiratory Anemia Heart Attack Heart Disease Varicose Veins Angina	Muscles and Joints Arthritis Fractures Bursitis Disk Problems Osteoporosis	Digestion and Elimination Heartburn Bowel Problems Gastric Reflux Gas/Bloating Ulcers	
required prior to service be General Stress Pain Headaches Infections Numbness Fatigue	Cardiovascular and Respiratory Anemia Heart Attack Heart Disease Varicose Veins Angina Asthma	Muscles and Joints Arthritis Fractures Bursitis Disk Problems Osteoporosis Sprains	Digestion and Elimination Heartburn Bowel Problems Gastric Reflux Gas/Bloating Ulcers Urinary Tract Problems	
required prior to service be General Stress Pain Headaches Infections Numbness Fatigue Swelling	Cardiovascular and Respiratory Anemia Heart Attack Heart Disease Varicose Veins Angina Asthma Hypertension	Muscles and Joints Arthritis Fractures Bursitis Disk Problems Osteoporosis Sprains Tendonitis	Digestion and Elimination Heartburn Bowel Problems Gastric Reflux Gas/Bloating Ulcers Urinary Tract Problems Other	
General Stress Pain Headaches Infections Numbness Fatigue Swelling Altered Sensation Sleep Disturbances	Cardiovascular and Respiratory Anemia Heart Attack Heart Disease Varicose Veins Angina Asthma Hypertension Blood Clots Arteriosclerosis	Muscles and Joints Arthritis Fractures Bursitis Disk Problems Osteoporosis Sprains Tendonitis TMJ	Digestion and Elimination Heartburn Bowel Problems Gastric Reflux Gas/Bloating Ulcers Urinary Tract Problems Other  Reproductive System	
required prior to service be General Stress Pain Headaches Infections Numbness Fatigue Swelling Altered Sensation	Cardiovascular and Respiratory Anemia Heart Attack Heart Disease Varicose Veins Angina Asthma Hypertension Blood Clots Arteriosclerosis Congestive Heart Failure	Muscles and Joints Arthritis Fractures Bursitis Disk Problems Osteoporosis Sprains Tendonitis TMJ Scoliosis Strains	Digestion and Elimination Heartburn Bowel Problems Gastric Reflux Gas/Bloating Ulcers Urinary Tract Problems Other  Reproductive System Pregnancy (Y/N)	
General Stress Pain Headaches Infections Numbness Fatigue Swelling Altered Sensation Sleep Disturbances Allergies	Cardiovascular and Respiratory Anemia Heart Attack Heart Disease Varicose Veins Angina Asthma Hypertension Blood Clots Arteriosclerosis Congestive Heart Failure Irregular Heart Beat	Muscles and Joints Arthritis Fractures Bursitis Disk Problems Osteoporosis Sprains Tendonitis TMJ Scoliosis Strains Stiffness	Digestion and Elimination Heartburn Bowel Problems Gastric Reflux Gas/Bloating Ulcers Urinary Tract Problems Other  Reproductive System Pregnancy (Y/N) Due Date	
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General Stress Pain Headaches Infections Numbness Fatigue Swelling Altered Sensation Sleep Disturbances Allergies  Nervous System Consussion	Cardiovascular and Respiratory Anemia Heart Attack Heart Disease Varicose Veins Angina Asthma Hypertension Blood Clots Arteriosclerosis Congestive Heart Failure Irregular Heart Beat	Muscles and Joints Arthritis Fractures Bursitis Disk Problems Osteoporosis Sprains Tendonitis TMJ Scoliosis Strains Stiffness Other	Digestion and Elimination Heartburn Bowel Problems Gastric Reflux Gas/Bloating Ulcers Urinary Tract Problems Other  Reproductive System Pregnancy (Y/N) Due Date	
General Stress Pain Headaches Infections Numbness Fatigue Swelling Altered Sensation Sleep Disturbances Allergies  Nervous System Consussion Anxiety	Cardiovascular and Respiratory Anemia Heart Attack Heart Disease Varicose Veins Angina Asthma Hypertension Blood Clots Arteriosclerosis Congestive Heart Failure Irregular Heart Beat Phlebitis Other	Muscles and Joints Arthritis Fractures Bursitis Disk Problems Osteoporosis Sprains Tendonitis TMJ Scoliosis Strains Stiffness Other Endocrine System	Digestion and Elimination Heartburn Bowel Problems Gastric Reflux Gas/Bloating Ulcers Urinary Tract Problems Other  Reproductive System Pregnancy (Y/N) Due Date PMS Other	
General Stress Pain Headaches Infections Numbness Fatigue Swelling Altered Sensation Sleep Disturbances Allergies Wervous System Consussion Anxiety Head Injury	Cardiovascular and Respiratory Anemia Heart Attack Heart Disease Varicose Veins Angina Asthma Hypertension Blood Clots Arteriosclerosis Congestive Heart Failure Irregular Heart Beat Phlebitis Other  Skin Conditions	Muscles and Joints Arthritis Fractures Bursitis Disk Problems Osteoporosis Sprains Tendonitis TMJ Scoliosis Strains Stiffness Other Endocrine System Type 1 Diabetes	Digestion and Elimination Heartburn Bowel Problems Gastric Reflux Gas/Bloating Ulcers Urinary Tract Problems Other  Reproductive System Pregnancy (Y/N) Due Date PMS Other Cancer or Tumors	
General Stress Pain Headaches Infections Numbness Fatigue Swelling Altered Sensation Sleep Disturbances Allergies Wervous System Consussion Anxiety Head Injury Depression	Cardiovascular and Respiratory Anemia Heart Attack Heart Disease Varicose Veins Angina Asthma Hypertension Blood Clots Arteriosclerosis Congestive Heart Failure Irregular Heart Beat Phlebitis Other  Skin Conditions Abrasions/Cuts	Muscles and Joints Arthritis Fractures Bursitis Disk Problems Osteoporosis Sprains Tendonitis TMJ Scoliosis Strains Stiffness Other Endocrine System Type 1 Diabetes Type 2 Diabetes	Digestion and Elimination Heartburn Bowel Problems Gastric Reflux Gas/Bloating Ulcers Urinary Tract Problems Other  Reproductive System Pregnancy (Y/N) Due Date PMS Other Cancer or Tumors Benign	
General Stress Pain Headaches Infections Numbness Fatigue Swelling Altered Sensation Sleep Disturbances Allergies Wervous System Consussion Anxiety Head Injury	Cardiovascular and Respiratory Anemia Heart Attack Heart Disease Varicose Veins Angina Asthma Hypertension Blood Clots Arteriosclerosis Congestive Heart Failure Irregular Heart Beat Phlebitis Other  Skin Conditions	Muscles and Joints Arthritis Fractures Bursitis Disk Problems Osteoporosis Sprains Tendonitis TMJ Scoliosis Strains Stiffness Other Endocrine System Type 1 Diabetes	Digestion and Elimination Heartburn Bowel Problems Gastric Reflux Gas/Bloating Ulcers Urinary Tract Problems Other  Reproductive System Pregnancy (Y/N) Due Date PMS Other Cancer or Tumors	

By signing this, I agree that I have answered all questions to the best of my knowledge and that I will inform the therapist of any changes in my condition or medication. If I experience any pain/discomfort or would like the pressure adjusted, I will inform the therapist immediately. I understand that I will be receiving a therapeutic massage and that the purpose of this massage is to maintain good health and physical condition. I understand that the massage therapist may not diagnose or treat injuries or disease and that massage should not take the place of a doctor's care. I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. Payment is required at the end of the massage session. I understand I may be charged up to the full amount of service for missed appointments or for any cancellations with less than a 24 hour notice. I agree that I am of legal age (18 years old) and that if I am not, I agree to have my parent or guardian sign a parental guardian release form before treatment.

Signature:	Date:	