

Client Intake Form

Massage Within; Lori Raybould, NCTMB

Name:	Date of Birth:
Address:	
City, Zip:	Telephone/ Cell:
In Case of Emergency:	Telephone/ Cell:
Email (if you would like info on specials, etc.):	
How did you hear about Massage Within?	

Medical & Other Information:

What is your occupation?

Yes	No	Have you ever experienced professional massage/ bodywork?
Yes	No	Do you exercise? How many times a week? _____
Yes	No	Are you pregnant? How many weeks? _____
Yes	No	Do you suffer from stress?
Yes	No	Do you experience frequent headaches?
Yes	No	Are you diabetic?
Yes	No	Are you epileptic?
Yes	No	Do you have any allergies I should be aware of? (creams/ oils/ nuts) _____
Yes	No	Have you ever had surgery? If so, when and what for? _____
Yes	No	Have you had any broken bones or injuries in the past 2 years? _____
Yes	No	Do you have cardiac or circulatory problems? _____
Yes	No	Do you have specific tension or soreness? _____
Yes	No	Do you suffer from back pain, numbness or stabbing pains?
Yes	No	Do you have a systemic condition of any kind? _____
Yes	No	Do you have any other medical condition I should know of? _____
Yes	No	Are you taking any medication? Please explain:

Comments:

The information above will be read and discussed with my practitioner. I understand that this massage/ bodywork is a form of health and wellness maintenance which does not constitute medical treatment. I take full responsibility for alerting my practitioner to any physical, mental, or emotional conditions which would affect any work.

I understand that giving 24 hours notice or more for cancelations or rescheduling will result in no charge for that session. No shows will be charged the full fee. Punctuality will assure full use of allotted time.

Signature:	Date:
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