



MT LAWLEY WELLNESS
on beaufort

Massage Intake Form - CONFIDENTIAL INFORMATION

WELCOME! I would like to make your appointment as pleasant and comfortable as possible.
If at any time you have questions regarding your session, please let me know.

Name.....Date of birth.....

Address.....

State.....City..... Home Phone.....

Work Phone.....Occupation.....

Have you ever received massage therapy? Yes No

Type of massage experienced (swedish, shiatsu, deep tissue, etc.)

Are you currently taking any medications? Yes No

If yes, please list name and reason for medications

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Are you currently seeing a healthcare professional? Yes No

If yes, please list names and reason/treatment

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Please review this list and check those conditions that have affected your health either recently or in the past.

Place a check mark next to the condition.

- arthritis
- diabetes
- blood clots
- broken/dislocated bones
- bruise easily
- cancer
- chronic pain
- constipation/diarrhea
- auto-immune condition*
- hepatitis (A, B, C, other)
- skin conditions
- stroke
- surgery
- TMJ disorder

- depression, panic disorder, other psych condition
- diverticulitis
- headaches
- heart conditions
- back problems
- high blood pressure
- insomnia
- muscle strain/sprain
- pregnancy
- scoliosis
- seizures
- whiplash
- chemical dependency (alcohol, drugs)

(*AIDS, fibromyalgia, chronic fatigue, lupus, etc.)

If any of the above needs to be detailed or if there is anything else to share, please do so:

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Do you have any of the following today:

skin rash cold/flu open cuts severe pain anything contagious injuries/bruises

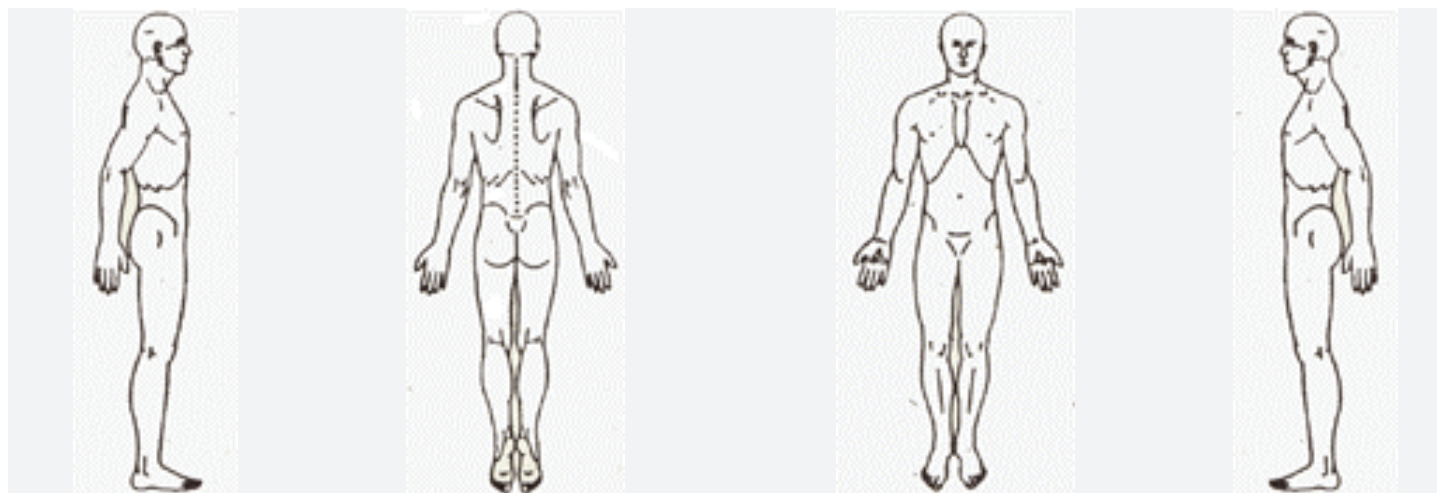
Do you have any allergies to:

medications foods (nuts, etc.) environmental allergens (dust, pollen, fragrances) reactions to skin care products

If any of the above are checked, please give details:

Are you wearing: contact lenses hearing aid hairpiece

Please indicate with an (X), if any, the areas in which you are feeling discomfort:



What are your goals/expectations for this therapy session?

The following sometimes occurs during massage. They are normal responses to relaxation.

Trust your body to express what it needs to:

- need to move or change position • sighing • yawning, change in breathing
- stomach gurgling • emotional feelings and/or expression
- movement of intestinal gas • energy shifts • falling asleep • memories

Please read the following information and sign below:

1. I understand that although massage therapy can be very therapeutic, relaxing and reduce muscular tension, it is not a substitute for medical examination, diagnosis and treatment.
2. This is a therapeutic massage and any sexual remarks or advances will terminate the session and I will be liable for payment of the scheduled treatment.
3. Being that massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully.

Signature: Date.....