

Client Intake Form--Dara Bryant LMT #18267

Name: _____

Pronouns: _____ DOB: _____

Address: _____

Email: _____ Email Newsletter? Y / N

Phone: _____ Occupation: _____

Had massage before? Y / N When?: _____ Result? _____

Daily activities and exercise: _____

Emergency Contact (name & phone): _____

Are you currently under the care of a health care professional? If yes, why?

Do you have any communicable illnesses? Please list:

Do you have diabetes? Type and length of condition? Describe any nerve or blood vessel effect:

Please list any medications/vitamins/supplements, related conditions, and side effects:

Please note with an **X** all current and/or relevant conditions:

Headaches		Sleep disturbances		Fatigue	
Flu or cold symptoms (last 48 hrs)		Sinus		Allergies to scents/lotions	
Allergies, seasonal or otherwise		Arthritis		Osteoporosis	
Scoliosis		Broken bones		Disc problems	
Muscle spasms/cramps		TMJ		Tendonitis/bursitis	
Spinal problems		Varicose veins		Seizures	
Menstrual issues		Stiff/painful joints		Pain/numbness	
Sciatica		Depression		Blood clots	
Stroke		Heart disease		High/low blood pressure	
Poor circulation		Asthma		Thyroid dysfunction	
Diabetes		Pregnancy (Due date: _____)		Cancer or tumors	
Easy bruising		HIV/AIDS		Skin disorders/fungi	

Client Acceptance of Terms and Conditions:

I understand all of the following: I will be receiving a therapeutic massage and the purpose of this massage is to maintain good health and physical condition. The massage therapist may not diagnose or treat injuries or disease and massage should not take the place of a doctor’s care when indicated. Both and/or either the therapist or the client may request a change in treatment and/or behavior should either person be experiencing discomfort inappropriate for the situation. Inappropriate discomfort may include, but is not limited to, physical pain, sexually suggestive behavior, personal remarks, or requests. Payment is required at the end of the massage session. Client information will not be released to anyone other than the client without the client’s written permission and the massage therapist’s approval.

Signature _____ Date _____