YELLOW ROSE
MASSAGE THERAPY

Client Intake Form

Client Information:

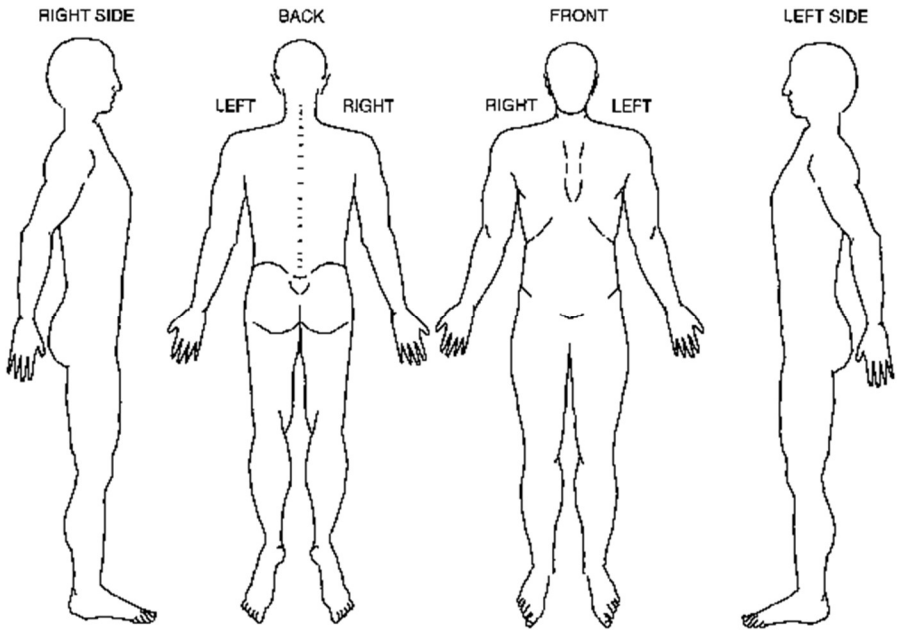
Client Name: _____ Date of Birth: _____
Address:

_____
Street City ST/ Zip
Phone: (Cell) _____ (Home/Work)_____
Email: _____ Occupation: _____
Referred by: _____ How did you find me? _____
Emergency contact: _____Phone #: _____
Physician name: _____Phone: _____

--What types of massage/bodywork do you prefer? _____
--What kind of pressure do you prefer? Light Medium Firm
--List the medications you currently take:
_____

--Have you had any injuries or surgeries in the past that may influence today's treatment?
_____

Please mark any areas of pain:



Client Health and History:

Please circle any that apply:

Current Past Muscle or joint stiffness
Current Past Numbness or tingling
Current Past Swelling
Current Past Bruise easily
Current Past Sensitive to touch/pressure
Current Past High/Low blood pressure
Current Past Stroke, heart attack
Current Past Shortness of breath, asthma
Current Past Cancer
Current Past Neurological (MS, Parkinson's, chronic pain)
Current Past Epilepsy, seizures
Current Past Headaches, Migraines
Current Past Dizziness, ringing in the ears

Current Past Kidney disease, infection
Current Past Arthritis (rheumatoid, osteoarthritis)
Current Past Osteoporosis, degenerative spine/disk
Current Past Scoliosis
Current Past Broken bones
Current Past Allergies
Current Past Diabetes
Current Past Endocrine/thyroid conditions
Current Past Depression, anxiety
Current Past Memory Loss, confusion, easily overwhelmed
Current Past Pregnancy

Comments or explanations for any of the above:

_____

_____

Consent for Treatment:

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also 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.

Understanding all of this, I give my consent to receive care.

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____