

## Client Intake Form – TN Tech Fitness Center

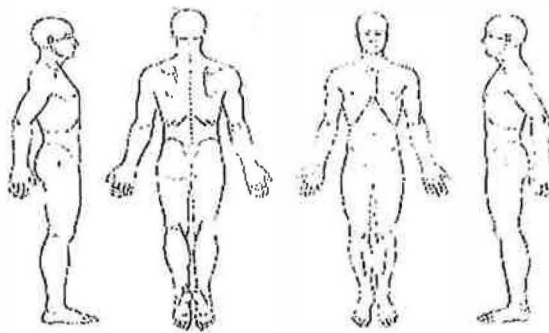
Date of Initial Visit \_\_\_\_\_

### Personal Information

Name \_\_\_\_\_ email \_\_\_\_\_  
Phone (Cell) \_\_\_\_\_ Phone (Home) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

The following information will be used to help plan safe and effective massage sessions:

1. Have you had a professional massage before? Yes No  
If yes, how often do you receive massage therapy? \_\_\_\_\_
2. Do you have any difficulty lying on your front, back, or side: Yes No  
If yes, please explain \_\_\_\_\_
3. Do you perform any repetitive movement in work, sports, or hobby? Yes No  
If yes, please describe \_\_\_\_\_
4. Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort? Yes No  
If yes, please identify \_\_\_\_\_
5. Do you have any particular goals in mind for this massage session: Yes No  
If yes, please explain \_\_\_\_\_



Circle any specific areas you would like the massage therapist to concentrate on during the session

### Medical History

In order to plan a massage session that is safe and effective, I need some general information about your medical history.

6. Are you currently under medical supervision? Yes No  
If yes, please explain \_\_\_\_\_
7. Are you currently taking any medications? Yes No  
If yes, please list \_\_\_\_\_

8. Please check any condition listed below that applies to you:

- |   |  |
|---|--|
| <input type="checkbox"/> contagious skin condition  | <input type="checkbox"/> phlebitis   |
| <input type="checkbox"/> open sores or wounds       | <input type="checkbox"/> deep vein thrombosis/blood clots                                |
| <input type="checkbox"/> easy bruising              | <input type="checkbox"/> joint disorder/rheumatoid arthritis/ osteoarthritis/ tendonitis |
| <input type="checkbox"/> recent accident or injury  | <input type="checkbox"/> osteoporosis  |
| <input type="checkbox"/> artificial joint           | <input type="checkbox"/> headaches/migraines   |
| <input type="checkbox"/> sprains/strains            | <input type="checkbox"/> cancer  |
| <input type="checkbox"/> current fever              | <input type="checkbox"/> diabetes  |
| <input type="checkbox"/> swollen glands             | <input type="checkbox"/> decreased sensation   |
| <input type="checkbox"/> allergies/sensitivity      | <input type="checkbox"/> back/neck problems  |
| <input type="checkbox"/> heart condition            | <input type="checkbox"/> Fibromyalgia  |
| <input type="checkbox"/> high or low blood pressure | <input type="checkbox"/> TMJ   |
| <input type="checkbox"/> circulatory disorder       | <input type="checkbox"/> carpal tunnel syndrome  |
| <input type="checkbox"/> varicose veins             | <input type="checkbox"/> tennis elbow  |
| <input type="checkbox"/> atherosclerosis            | <input type="checkbox"/> pregnancy if yes, how many weeks? _____                         |

9. Please explain any condition that you have marked above \_\_\_\_\_

10. Is there anything else about your health history that you think would be useful for your massage practitioner to know to plan a safe and effective massage session for you?

Because massage/bodywork should not be performed under certain medical conditions, I affirm I have stated all my known medical conditions, and answered all question honestly. I will keep my massage therapist aware of any changes to my medical profile, and understand there shall be no liability of the party of the therapist if I fail to do so. If my medical condition requires it, I understand I may be required to receive clearance from my primary care provider before receiving massage.

Every person brings his or her own history into a massage session. I agree to inform my therapist if touch in any area is uncomfortable for me, needs to be modified to be comfortable, or needs to be avoided for the current session (or any number of sessions). I will also inform my therapist of any changes to my mental or emotional state of being which may influence the choice of modalities to be used or the areas to be worked, for the purpose of enhancing my sense of safety, and my potential holistic benefits from the work.

I will immediately inform the therapist if I experience any pain or discomfort during the session.

I understand that a practitioner's touch and the manner of communication between therapist and client are never intended to be sexual in nature. I agree to immediately inform the therapist if I feel the manner of touch or language feels sexual or inappropriate to me, so the session may be stopped or changed. I understand that any illicit or sexually suggestive remarks or advances made by me, the client, are grounds for immediate termination of the session, and I the client, will still be liable for payment of the full cost of the scheduled appointment.

I understand that massage therapy is not a substitute for medical examination, diagnosis or treatment. I also understand that the massage/bodywork I receive is for the basic purpose of relaxation, relief of muscular tension, stimulation of the circulatory and lymphatic system, and craniosacral balance.

I understand that massage therapists are not primary care providers, and any information provided by them is for educational purposes and should not be taken as medical advice or counseling. If I require medical advice or counseling, I understand I should consult a physician, chiropractor, or other health care practitioner.

I understand that if I cannot make my scheduled appointment, I will call the Health Promotions office no less than 24 hours in advance. Failure to do so will result with a \$25 fee charged to my account.

I understand that my client information is maintained in compliance with deferral privacy laws.

Signature of client \_\_\_\_\_ Date \_\_\_\_\_