

Jeb's Massage Yoga & Bodywork

Confidential Client Intake Form
(please print and bring to your first session)

How did you hear about Jeb's practice?

Amazon Deals _____ His Website _____ Search Engine _____ Yelp _____

Friend Referral (list friend name) _____ Other (please, list) _____



Please complete this form accurately. This information is necessary for a safe and effective treatment.

Name _____ Age _____ Today's Date _____

Address _____ Cell Phone _____

_____ Home Phone _____

Email _____



Change/Cancellation Policy

Jeb's Yoga and Bodywork reserves the right to collect the full treatment price for any appointment canceled or changed by the client with less than 25 hours notice. Please arrive on time as all appointments end as scheduled.

I understand and agree to the above policies _____
(Client Signature)



Have you ever received a professional massage before? _____ If so, approximately how many? _____

Are you interested in a therapeutic or palliative massage? _____



Have you had any recent injuries? _____ If so, please list them.

List any old significant injuries and the approximate year they happened.

Have you recently had any surgeries? _____ Please list all surgeries and the approximate dates (year).

Describe any recent illness that you are still recovering from at this time.

Please list any significant past illness.

Are you now under the care of a physician? If so, for what?

Please list any medications that you take:

Drug

Condition

Side Effect

Is there any reason you should not receive massage or manual therapy at the time _____

Have you consumed any caffeine or alcohol within the last six hours?_____ If so, how much?_____

Besides private areas of your body, is there any area of your body you would prefer not to have touched due to ticklishness or hypersensitivity?

What areas would you like to like the massage to focus on?

Do you have a primary complaint?

What in your life is currently causing you stress?

Where do you typically feel tension in your body when you are under a lot of stress?

Please indicate if you have any of the following conditions.

___ currently pregnant

___ diabetes

___ numbness in extremities

___ varicose veins

___ skin conditions

___ warts

___ skin allergies

___ airborne allergies

___ food allergies

___ circulation problems

___ pain in extremities

___ history of mental illness

___ heart problems

___ high blood pressure

___ medically low blood pressure

___ high cholesterol

___ history of cancer

___ hepatitis – what type?

___ medical bruising

___ joint inflammation

___ arthritis

___ osteoarthritis

___ diagnosed psychiatric condition

___ history of trauma

___ osteoporosis

___ tension headaches

___ Migraine headaches

___ HIV Positive

___ back problems

___ history of seizures

___ fainting spells

___ panic attacks

___ depression or anxiety

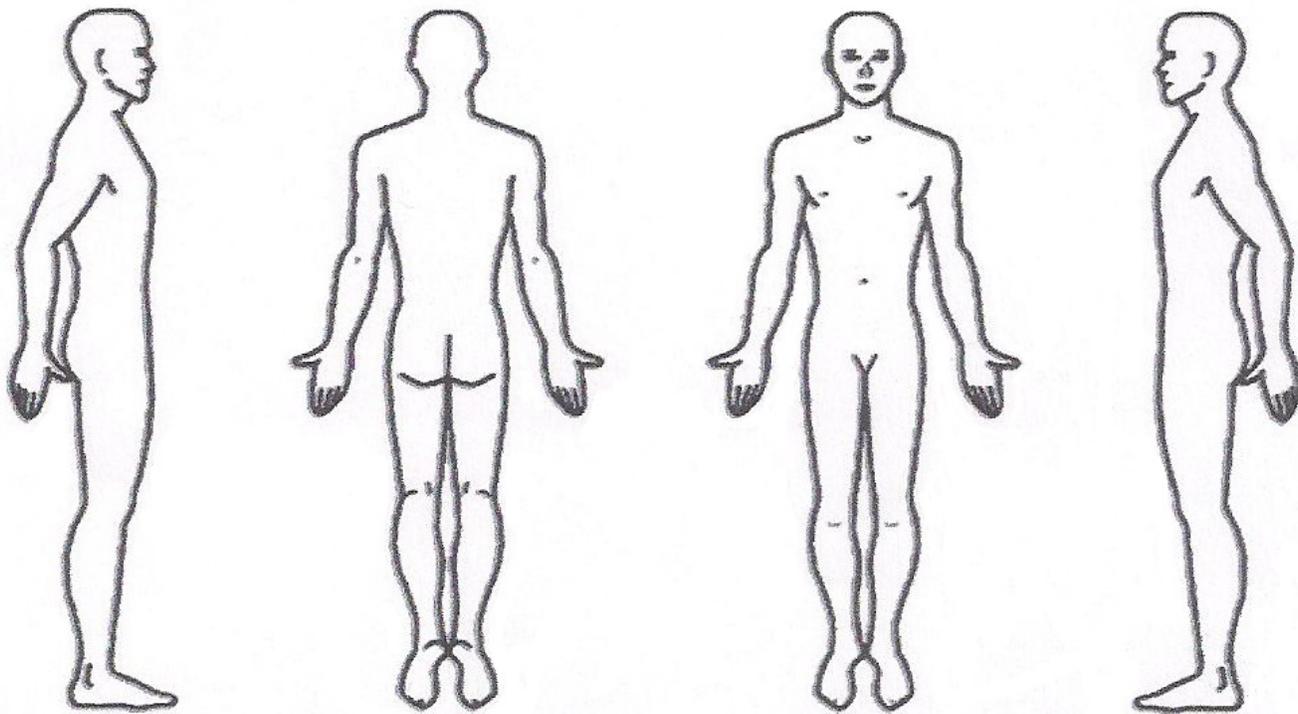
___ open cuts and sores

___ glaucoma

___ STDs (please list)

Please take the time to discuss or explain any condition or issue that concerns you or might allow your massage therapist to provide superior care.

On the figures below, please place an (X) on current or chronic problem areas in your body. Use a (P) in any area where you are currently having pain or (S) for muscle spasm. Indicate any area of recent injury.



Because some forms of massage should not be done under certain medical conditions, I the client, affirm that I have answered all questions pertaining to my medical conditions completely and truthfully.

Client Signature _____

Therapist Notes: