

Milwaukee's Best 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.

Today's Date _____
Length of Session _____
Therapist's Name _____

Name _____ Date of birth _____
 Address _____
 State _____ City _____ How did you hear about our services? _____
 Best phone number to reach you at _____ Occupation _____
 Email address _____

How experienced are you receiving professional therapeutic massage? ___ 1st time (Massage Newbie)
 ___ Not enough! (just a few times in my life) ___ So-so (at least once annually or on special occasions)
 ___ Frequently (monthly or bi-monthly basis) ___ Massage Pro/Enthusiast (lots of massages & experienced lots of different massage styles beyond basic Swedish, including LomiLomi, Deep tissue, Esalen, Thai Style, & Energy Work)
What is your favorite style of massage? _____
Do you like deep pressure? ___ Yes! ___ No!

Are you currently taking any medications? ___ Yes ___ No
 If yes, please list name and reason for medications _____

Are you currently seeing a healthcare professional? ___ Yes ___ No
 If yes, please list names and reason/treatment _____

Please review this list and place an X next to those conditions that have affected your health either recently or in the past.

- | | | |
|--|---|---|
| ___ arthritis
___ auto-immune condition*
___ diabetes
___ back problems
___ blood clots
___ broken/dislocated bones
___ bruise easily
___ cancer
___ chemical dependency (alcohol, drugs)
___ chronic pain
___ constipation/diarrhea | ___ depression, panic disorder, other psych condition
___ diverticulitis
___ headaches
___ heart conditions
___ hepatitis (A, B, C, other)
___ skin conditions
___ high blood pressure
___ insomnia
___ negative people/events
___ muscle strain/sprain
___ pregnancy | ___ stroke
___ surgery
___ TMJ disorder
___ scoliosis
___ seizures
___ stress
___ whiplash
___ Wii, iPod, chronic texting
___ Facebook Addict!
(*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: _____

Do you have any of the following today: ___ skin rash ___ cold/flu ___ open cuts ___ severe pain
 ___ anything contagious ___ injuries/bruises

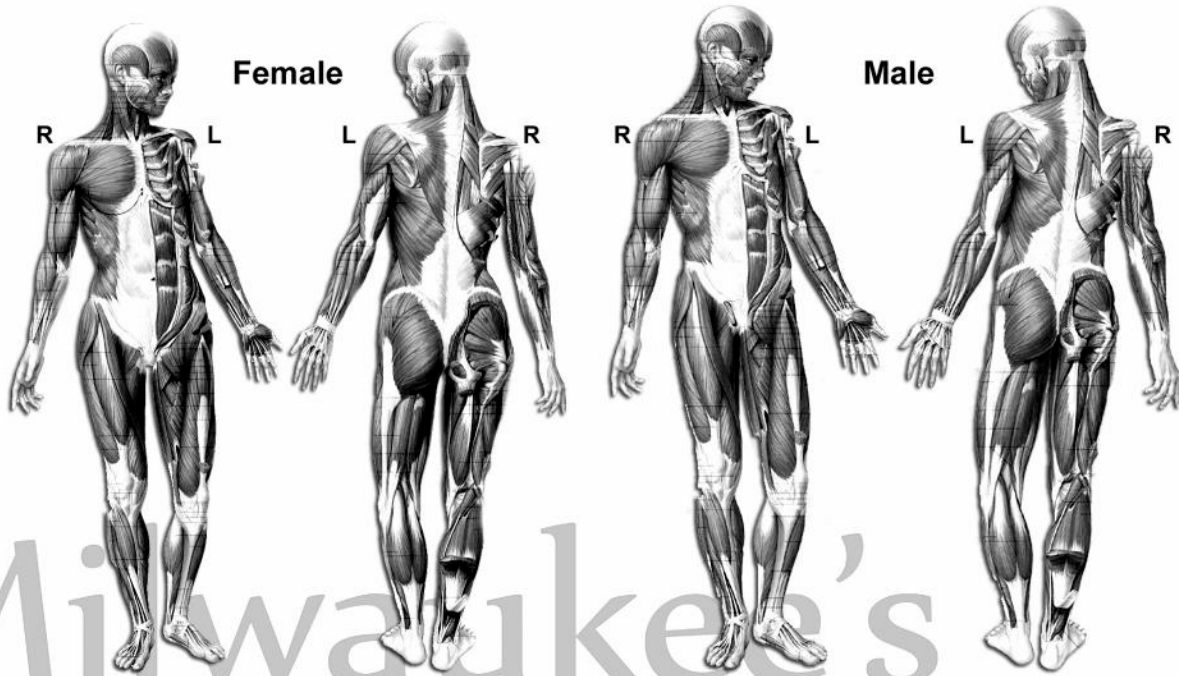
Do you have any allergies to: ___ medications ___ foods (nuts, etc.)
 ___ environmental allergens (dust, pollen, fragrances) ___ reactions to skin care products

If any of the above are Xed, please give details: _____

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Are you wearing: __ contact lenses __ hearing aid __ hairpiece __ prosthetics?

Please indicate with an (X) the areas, if any, where you are feeling discomfort, or would like more time spent on.



Although this may be a full body massage, are there any areas that you do NOT want worked on? __Yes __No

If **yes**, please specify off-limit areas. scalp face chest stomach feet hands thighs
 butt other _____

What are your goals/expectations for this therapy session? _____

The following sometimes occurs during massage: the 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 ✪ stimulation of sympathetic system. These are all normal responses to relaxation and massage. Trust your body to express what it needs to.

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, professional, non-sexual massage intended to provide pain relief, stress reduction and physical, mental and emotional balance. I acknowledge that the therapist may incorporate a variety of massage techniques (such as stretching, guided breathing and on-table work), some of which might be unfamiliar to me. I agree to follow the therapist's instructions, ask questions if I need to, and to communicate throughout to let the therapist know if the pressure is sufficient, if I am enjoying the session (or not), if I am in pain, or at all uncomfortable.
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 _____