

Arcadia Massage LLC

arcadia.massagetherapy.com

Massage Intake Form

Personal Information

Name _____ Birthdate _____

E-mail _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Emergency Contact: Name _____ Phone _____

Typical activities of day Sit Stand Other _____

Occupation _____

Massage Information

How did you hear about me? _____

Have you ever received a professional massage before? Yes No When _____

Type of massage you have received _____

Preferred type of massage _____

What kind of pressure do you prefer? Light Medium Firm

Reason for seeking massage (e.g. relaxation, injury) _____

Expected outcome (e.g. functional improvement, symptom relief, wellness) _____

What is the best day/time for you to schedule massage? _____

Medical Information

Physician/HealthCare Provider Name _____ Phone _____

Are you pregnant? Yes No If yes, you must also fill out Pre-Natal Intake form

Do you have any **allergies**? Yes No List _____

Current **Medications** _____

How do you feel today? _____

Have you had any **injuries or surgeries** in the past? _____

Circle any of the following health conditions that you currently have :

Please answer honestly, as massage may not be indicated for the conditions below.

Blood clots Infections Congestive heart failure contagious disease pitted edema

Page 1 of 2 Signature _____ Date _____

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Please indicate conditions that you have or have had in the past.

Skin

- ☐ Athlete's foot
- ☐ Bruise easily
- ☐ Sensitive to touch
- ☐ Burns
- ☐ Cuts/sores
- ☐ Rash/hives
- ☐ Shingles

Nervous

- ☐ MS
- ☐ Parkinson's
- ☐ Depression
- ☐ Anxiety
- ☐ Numbness/tingling
- ☐ Paralysis
- ☐ Epilepsy/seizures
- ☐ Memory loss, confusion

Respiratory

- ☐ Shortness of breath, asthma
- ☐ Chronic bronchitis
- ☐ Sinusitis
- ☐ Emphysema

Circulatory

(Including lymphatic immune)

- ☐ Allergies
- ☐ Anemia
- ☐ Blood clots
- ☐ High/low blood pressure
- ☐ Heart condition
- ☐ Headache, migraine
- ☐ Varicose veins
- ☐ Edema
- ☐ Arteriosclerosis
- ☐ High Cholesterol
- ☐ Stroke

Digestive

- ☐ Crohn's, IBS
- ☐ Gas/bloating
- ☐ Constipation, diarrhea
- ☐ Liver disorders
- ☐ Ulcers
- ☐ Hernia

Skeletal

- ☐ Osteoporosis
- ☐ Degenerative spine/disk
- ☐ Scoliosis
- ☐ Broken bones
- ☐ Plates/screws
- ☐ Ruptured bulging disk
- ☐ Arthritis RA/Osteo
- ☐ Joint pain

Muscular

- ☐ Tendinitis
- ☐ Plantar Fasciitis
- ☐ Muscle pain/stiffness

Reproductive

- ☐ Menopause

Endocrine

- ☐ Diabetes
- ☐ Thyroid

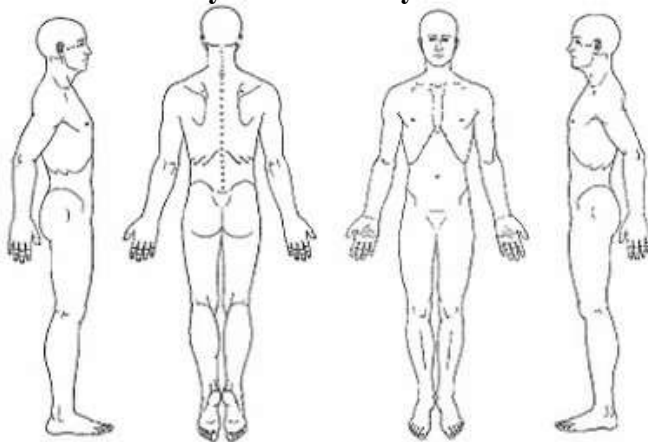
Urinary

- ☐ Kidney disease
- ☐ Kidney stone(s)

General

- ☐ Accident, trauma
- ☐ Stress
- ☐ Cancer, tumors
- ☐ Stents/shunts
- ☐ Dizziness, ringing in ears
- ☐ Sleeping disorder
- ☐ Other _____

Please mark below any areas below you would like addressed?



Consent for treatment

I understand that if I have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from my primary care provider may be required prior to service being provided. I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during my session(s), I will immediately inform the practitioner. I further understand that massage/bodywork is not a medical examination, diagnosis, or treatment and that I should see a physician or other qualified medical specialist for any mental or physical illness. 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 will 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 will keep the practitioner updated as to any changes in my medical profile. It is also understood 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 full payment of the session.