

Massage Intake Form  
Integrated Massage by Andrea

**PERSONAL INFORMATION**

NAME \_\_\_\_\_  
DOB \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/ST/ZIP \_\_\_\_\_  
EMAIL \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

**EMERGENCY CONTACT**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**MEDICAL INFORMATION**

Please list any medications you are currently taking and their uses:

\_\_\_\_\_

**FEMALES ONLY**

Are you currently pregnant? Yes No

If yes, how far along? \_\_\_\_\_

Please list any risk factors:

\_\_\_\_\_

**HEALTH HISTORY**

**Musculoskeletal**

- \_\_\_\_\_ Bone or joint disease
- \_\_\_\_\_ Tendonitis/Bursitis
- \_\_\_\_\_ Arthritis
- \_\_\_\_\_ Gout
- \_\_\_\_\_ Jaw Pain (TMJD)
- \_\_\_\_\_ Lupus
- \_\_\_\_\_ Spinal Problems
- \_\_\_\_\_ Migranes/Headaches
- \_\_\_\_\_ Osteoporosis

**Circulatory**

- \_\_\_\_\_ Heart Condition
- \_\_\_\_\_ Phlebitis/Varicose Veins
- \_\_\_\_\_ Blood Clots
- \_\_\_\_\_ High/Low Blood Pressure
- \_\_\_\_\_ Lymphedema
- \_\_\_\_\_ Thrombosis/Embolism

**Respiratory**

- \_\_\_\_\_ Breathing difficulty/Asthma
- \_\_\_\_\_ Emphysema
- \_\_\_\_\_ Sinus problems

**Nervous System**

- \_\_\_\_\_ Shingles
- \_\_\_\_\_ Numbness/Tingling
- \_\_\_\_\_ Pinched Nerve
- \_\_\_\_\_ Multiple Sclerosis

**MASSAGE INFORMATION**

Have you had a professional massage before? Yes No

Please list any allergies or sensitivities to fragrances or oils (ex. Coconut, peppermint, lavender):

\_\_\_\_\_

Are there any areas (ex. feet, face, abdomen) you **do not** want massaged?

\_\_\_\_\_

**Skin**

- \_\_\_\_\_ Rashes
- \_\_\_\_\_ Athletes foot/Toenail fungus
- \_\_\_\_\_ Herpes/Cold sores

**Psychological**

- \_\_\_\_\_ Anxiety/Stress
- \_\_\_\_\_ Depression
- \_\_\_\_\_ PTSD

**Other**

- \_\_\_\_\_ Cancer/Tumors
- \_\_\_\_\_ Diabetes

Any other medical conditions not listed:

\_\_\_\_\_

\_\_\_\_\_

By signing below you agree to the following:  
*I have completed this form to the best of my ability and knowledge and agree to inform my therapist is any of the above information changes at any time.*

***Client Signature:*** \_\_\_\_\_

***Date*** \_\_\_\_\_