DAILY INTAKE FORM

Date_____

Name: _____ Gender: Female _____ Male _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Date of Birth: _____ Email: _____

Emergency Contact: _____ Telephone: _____

Confidential Health Information

In order to plan a massage session that is safe and effective, we need to update the information we have on file about your medical history.

Have there been any changes to your health since your last session? If yes, please describe: _____

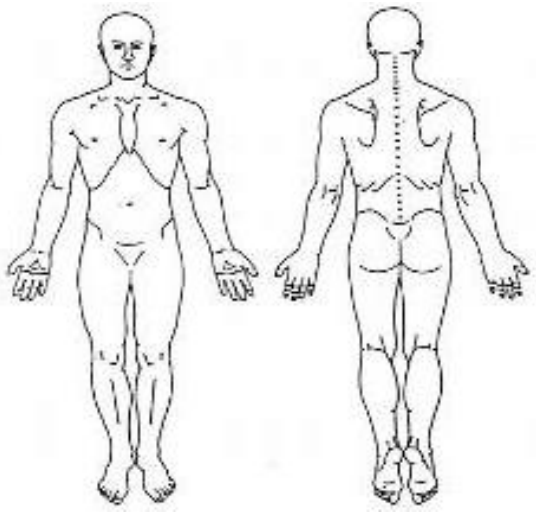
_____

Are you under a medical practitioner's care currently? If yes, please list physician's name/phone & explain why: _____

_____

Please list any and all medications, over-the-counter drugs, supplements, vitamins, etc. that you are currently using to maintain your health: _____

Is there an area of your body where you are experiencing any discomfort, stiffness, soreness, or pain? If so, please mark it on the figures below and/or describe it: _____



Amount of pain today: (No Pain) 0 1 2 3 4 5 6 7 8 l9 10 (Unbearable pain)

What makes your pain better or worse? _____

Limitations you are experiencing today:

(I can do anything I want) 0 1 2 3 4 5 6 7 8 9 10 (I cannot do anything)

What daily activities are limited by your current condition? _____

_____

What is your primary reason for receiving a massage today?

☐ General wellness ☐ Stress reduction ☐Relaxation

☐ Increased mobility ☐ Pain relief ☐ Other concerns

Are there any areas you do NOT want massaged?

☐ Head/Face/Neck ☐ Arms/Hands ☐ Abdomen ☐ Upper Chest ☐Legs ☐ Feet ☐ Hips ☐ Back

I acknowledge that the information given here is complete and accurate to the best of my knowledge. I agree to update Dorsey College Student Massage Clinic at each visit of any changes in my health status. I understand that massage therapy is not a substitute for medical examination, diagnosis, and treatment and that I should see a doctor or other health care provider for diagnosis and treatment of any suspected medical problem.

_____ _____

Client Signature Date

_____ _____

Parent/Guardian Signature (if client is a minor) Date

_____ _____

Massage Therapy Student Signature Date

_____ _____

Licensed Massage Therapist Date