Height of Health Massage Intake Form

Client Information

Name: ____ Date: ____________________

Address: ____________________________ City:_____________ State: _______ Zip: ________

Phone: _____________ Email: ______________________________ Date of Birth: ___ / ___ /_____

We like to send our customers emails every 2 -3 months with special offers. Would you like to sign up?
Yes ( ) No ( )

In the future, what is your preferred method of contact?
Phone ( ) Text ( ) Email ( )

The following information will be used to help plan the massage session.

1. Have you had a professional massage before? Yes ( ) No ( )
   If yes, how often do you receive massage therapy? _______________

2. What are you primarily looking to get out of your massage session today?
   Relaxation ( ) Reduce overall pain ( ) Reduce specific pain ( )

3. If you have massage coverage through your insurance company will you be using your benefits today?
Yes ( ) No ( )

4. How did you hear about us? If someone referred you, please write down the name: _______________
____

5. **NOTE:** We want you to enjoy your massage! If you are receiving too much pressure or not enough at any time, please do not feel uncomfortable about speaking up so we can adjust the pressure.

Medical History: In order to plan a massage session that is safe and effective, we need some general information about your medical history. Please answer the questions to the best of your knowledge.

Please check any condition listed below that applies to you:

( ) contagious skin conditions
( ) open sores, wounds, or sun burns
( ) recent surgery
( ) skin allergies/sensitivity
( ) heart condition
( ) headaches/migraines
( ) back/neck problems or surgeries
( ) carpal tunnel syndrome
( ) for women: pregnancy
( ) circulatory disorder
( ) recent fracture or broken bone
( ) artificial joint
( ) deep vein thrombosis/blood clots
( ) varicose veins
( ) cancer
( ) fibromyalgia
( ) TMJ
( ) joint disorder/rheumatoid

Is there anything else about your health history that would be useful to the massage practitioner?

If yes, please identify: ____

PLEASE CONTINUE ONTO NEXT PAGE: