Massage Therapy Intake

If at any time you have questions regarding your therapy session, please let us know.

Name: _____ **Email:** _____

Date of Birth: _____ ☐ **Male** ☐ **Female** **Cell Number:** _____

Address: _____ **Work Number:** _____

City: _____ **State:** _____ **Zip:** _____

Occupation: _____ **Referred By:** _____

Have you ever received massage therapy? _____ ☐ **Deep Tissue** ☐ **Swedish** **Other** _____

Are you taking medication? _____ **Describe:** _____

Are you pregnant? _____ **Have you consumed alcohol in the past 24 hours?** _____

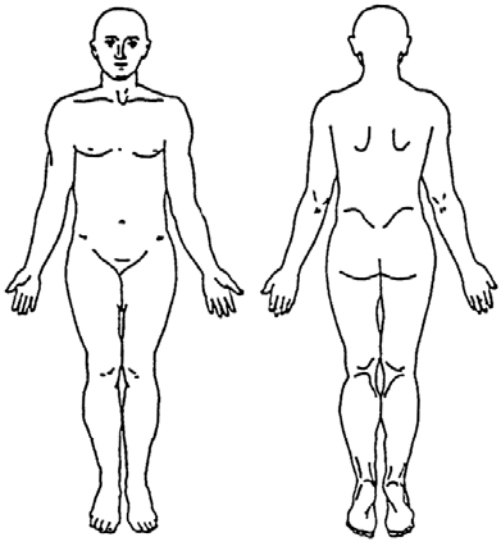
DO YOU HAVE A HISTORY OF THE FOLLOWING?

- ☐ Accident
- ☐ Neck Pain
- ☐ Whiplash
- ☐ Headaches
- ☐ Shoulder Pain
- ☐ Upper Back Pain
- ☐ Mid Back Pain
- ☐ Low Back Pain
- ☐ Joint Ache
- ☐ Decreased Range of Motion
- ☐ Broken Bones
- ☐ Sciatica
- ☐ Sprains
- ☐ Seizures
- ☐ Abdominal Pain
- ☐ Nervous Tension
- ☐ Arthritis, Bursitis or Gout
- ☐ Allergies to oils or perfumes
- ☐ Wear Contacts
- ☐ Scoliosis
- ☐ Surgery
- ☐ Fibromyalgia
- ☐ Carpal Tunnel
- ☐ Mastectomy
- ☐ Breast Augmentation
- ☐ Diabetes
- ☐ Varicose Veins
- ☐ High Blood Pressure
- ☐ Stroke
- ☐ Heart Attack
- ☐ Cancer
- ☐ Colitis
- ☐ HIV
- ☐ Other _____

PLEASE INDICATE YOUR CONSUMPTION LEVEL:

	None	Light	Moderate	Heavy
Salt	☐	☐	☐	☐
Sugar	☐	☐	☐	☐
Caffeine	☐	☐	☐	☐
Tobacco	☐	☐	☐	☐
Alcohol	☐	☐	☐	☐
Exercise	☐	☐	☐	☐
Water	☐	☐	☐	☐

PLEASE INDICATE WITH AN (X), THE AREAS YOU ARE FEELING DISCOMFORT



DO YOU HAVE ANY OF THE FOLLOWING TODAY?

- ☐ Sunburn
- ☐ Inflammation
- ☐ Severe Pain
- ☐ Headache
- ☐ Open Cuts, Bruises, Burns
- ☐ Irritated Skin Rash
- ☐ Poison Ivy
- ☐ Cold/Flu

WHAT ARE YOUR GOALS/EXPECTATIONS FOR THIS THERAPY SESSION?

_____

_____

PLEASE READ THE FOLLOWING AND SIGN BELOW:

* I understand that this massage is not a replacement for medical care and that no diagnosis will be made.
*I am responsible for paying for an appointment cancellation of less than 24 hours.

Date: _____ _____

Signature

Pro Therapeutic Myomassology, LLC
29540 Southfield Rd, Ste 100
Southfield, MI 48035