



Prema Health Massage Therapy Intake and Consent Form

Name: _____ Today's Date _____

Phone(cell/home?) _____ Email _____

Address: _____ Zip _____ Birthday: _____

_____ Emergency Contact: _____

Relationship _____ Phone _____

1. How are you feeling today? What do you want from your massage today?
2. How recently have you received a massage? What was it for? What were the results?
3. Do any parts of your body need special attention?
4. Are there any parts of your body that should not be massaged?
5. What type of work do you do? What types of physical movement and/or posture regularly appears in your work, daily life or recreation?
6. How do you deal with stress?
7. Do you have any allergies? Are there any aromatherapy fragrances and/or oils that you would not like used (please identify)?
8. Is there anything else that you would like me to know about?
9. Do you have any communicable conditions? If so, which ones?

10. What substances are you currently taking (including herbs, prescription medications, supplements, recreational drugs, homeopathic remedies):

11. Have you had any surgeries/recent injuries: If so, what type and approximate dates?

12. Are you currently under the care of a physician? If so, what for?

Please mark any symptoms/conditions you have had in the past or currently have:

General:

- headaches
- sleep disturbances
- infections
- sinus
- other_

Respiratory:

- heart disease
- blood clots
- stroke
- high/low blood pressure
- varicose veins
- edema
- asthma
- chest pain
- other

Skin:

- rashes/hives
- athlete's foot/warts
- other

Digestive:

- bowel problems
- gas/bloating
- bladder/kidney/prostate
- abdominal pain
- other

Cancer/Tumors:

- benign
- malignant

Nervous System:

- head injuries
- dizziness/tinnitus
- sciatica, shooting pain
- numbness/tingling
- depression
- chronic pain
- other

Endocrine:

- diabetes
- thyroid

Reproductive:

- pregnancy
- painful, emotional menses
- endometriosis
- fibrotic cysts
- other

Muscles and Joints:

- rheumatoid arthritis
- osteoarthritis
- scoliosis
- lupus
- broken bones
- sprains/strains
- tendonitis/bursitis
- muscle spasms/cramps
- muscle weakness/pain
- stiff or painful joints
- spinal/disk problems
- TMJ/jaw pain
- other

Client Consent and Contract for Care

Please carefully read the following information and sign where indicated. If you have specific medical conditions or symptoms, massage/bodywork may be contraindicated; a referral from your primary care provider may be required prior to services being provided.

I understand that the massage/bodywork I receive is for the primary purpose of relaxation, relief of muscular tension and overall well being. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment, and that I should see a qualified medical specialist for any mental or physical ailment of which I am aware. I affirm that I have stated all my known medical conditions and I agree to keep the therapist updated as to any changes in my health. I understand that all information shared is strictly confidential. At any point during the session I, or the therapist, may choose to end, or delay the treatment. It is my choice to receive massage/bodywork and I give my consent to receive care.

Client Name

Client Signature

Date