VALLEY MASSAGE THERAPY
Client Health Form

1. CLIENT INFORMATION

Last name | First name | Middle initial | Date of birth

Address | City | State | ZIP

Home phone | Cell phone | Email

Occupation

☐ OK to email me ☐ OK to text me

2. TODAY'S VISIT

Have you received massage therapy before? ☐ Yes ☐ No If yes, when and what were the results?

Reason for today's visit (check all that apply)

☐ Specific injury ☐ Past event ☐ Stress reduction ☐ Relaxation ☐ Other

Areas needing special attention

Areas that should be avoided

How would you describe the concern?

☐ Minor ☐ Problematic ☐ Major ☐ Recurring ☐ Getting worse ☐ Getting better

When did you first notice the pain/discomfort? Has this happened before?

3. CURRENT HEALTH

Under the care of a physician? If yes, provide reason, physician name and phone.

Current medications, over-the-counter drugs, remedies and supplements

Allergies / sensitivities ☐ Oils ☐ Food ☐ Scents ☐ Detergents ☐ Animals ☐ Other

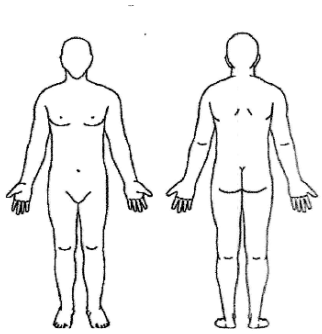
Stress-reduction / exercise activities | Frequency

4. HEALTH CONDITIONS & BODY MAP

Check any condition that applies to your current health

- ☐ Pregnancy
- ☐ Heart condition
- ☐ Circulatory condition
- ☐ Blood clots
- ☐ Diabetes
- ☐ Infection / fever
- ☐ Cancer
- ☐ Difficulty breathing
- ☐ Arthritis
- ☐ Allergies
- ☐ Headaches
- ☐ Inflammation
- ☐ Sleep problems

Mark areas on the figures and use: O = pain/tenderness, Z = numbness/tingling, X = swelling/stiffness, W = bruises/open wounds.



Overall symptom severity (1 = mild, 10 = severe)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

5. HEALTH HISTORY

Surgeries - type and date

Accidents - type and date

Major illnesses - type and date

Questions, requests or concerns

How did you hear about us?

Under age 18 - Guardian name

Relationship

Guardian phone

6. CONSENT & POLICIES

Consent for Care. I have read and understand this intake form and have completed it to the best of my knowledge. I consent to this massage therapy session. I understand that massage therapy is a therapeutic health aid for stress reduction and relief from muscular tension and is non-sexual. Massage therapists do not diagnose illness, disease, or physical or mental disorders; prescribe medical treatment or pharmaceuticals; or perform spinal manipulations. Massage is not a substitute for medical examinations or diagnosis, and I should see a primary health care provider for any physical ailment.

Cancellation Agreement. In consideration of fellow patients and my massage therapist's time, I understand that a minimum of **48 hours' notice** is required to change or cancel an appointment. Appointments missed or cancelled within 48 hours are subject to the regular massage fee unless I send someone in my place. In an emergency, I will call as soon as possible to reschedule, and no cancellation fee will be expected.

Vaccination history (type and date, if applicable)

By signing, I confirm that I have read and agree to the consent and policies above.

Print name

Signature

Date