Sleepy Creek Massage
Nae Pearson

Health Intake Form

Client Name_____ Today's Date_____

Address_____

City_____ State _____ Zipcode_____

Telephone (Work)_____(Home)_____ (Cell)_____
Best number to reach you during the day? Work_____ Home_____ Cell_____

Email_____

Occupation_____ Birth Date_____ Sex: M_____ F_____

Referred by _____

1. What are you hoping to gain from massage?
_____

2. Have you ever had professional bodywork? Yes_____ No_____
If so, what kinds?_____

3. Are you presently under a doctor's or therapist's care?_____
If so, for what?_____

4. Please list current symptoms:_____

5. Please list any medications that you are taking:_____
What side effects, if any, do you experience?_____

6. Do you smoke?_____ If so, for how long?_____

7. Do you have any allergies? Yes_____ No_____ If so, to what?_____

8. Do you wear contact lenses?_____

9. Are you pregnant?_____ If so, for how long?_____

10. What kind of exercise do you regularly do?

_____

_____

How often?

_____

_____

11. Are you experiencing any pain today?_____

If yes, how long have you had this pain?_____

If yes, please mark the amount of pain sensation and the unpleasantness on the scales below:

Pain sensation: How much pain you feel physically in your body

0_____5_____10

No pain Most pain possible

Pain unpleasantness: How much the pain in your body bothers you

0_____5_____10

No unpleasantness most amount of unpleasantness possible

Please check any of the following conditions which you currently have or have experienced in the past, indicating the dates in the spaces to the right. Some of these conditions may be contraindications for massage. Massage and therapeutic bodywork is not designed as a treatment to the following conditions but my knowledge of this information will help me plan our session and provide the most beneficial therapy that I can.

Systemic Infections: mononeucleosis_____ flu_____ hepatitis _____ fever_____ other virus_____

Cardiovascular conditions: varicose veins_____ phlebitis_____ stroke_____ blood clots_____ acute inflammation_____ heart attack_____heart disease_____high blood pressure_____ other_____

Musculoskeletal: whiplash_____ low back pain_____ strain/sprain_____ fracture_____osteoporosis___ scoliosis_____arthritis_____foot pain_____ torn ligaments/cartilage/tendons_____sports injuries_____ Other_____

Neurological: sciatica_____ headaches_____slipped/herniated disc_____ numbness/coldness in limbs_____ other_____

Skin Infections: eczema_____ burns_____ other_____

Endocrine: diabetes_____ hypoglycemia _____ other_____

Respiratory: emphysema_____ hay fever_____ asthma_____ other_____

Reproductive: menstrual cramps_____ PMS_____ prostatitis_____ other_____

Digestive: constipation_____ diarrhea_____ colitis_____ Crohn's disease_____ other_____

Urinary: UTI's_____ frequent urination_____ difficult or painful urination_____ other_____

Psychiatric: mood swings_____ sleep disorders_____ exhaustion_____ depression_____
acute anxiety_____ other_____

Cancer: Please describe type and stage, with dates

_____

_____

Surgery: Please describe types of surgery with dates

_____

_____

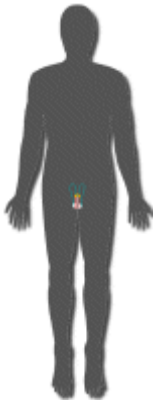
Miscellaneous:_____

_____

_____

Using the following diagram, map your discomfort by circling body parts that apply:

Front



Back

I _____ understand that there are conditions for which massage therapy may be contraindicated. I have given a complete health history to the best of my knowledge, and I agree that I will not hold Nae Pearson, t/a Sleepy Creek Massage Therapy reliable for any effects from my session. I also understand that massage therapy at Sleepy Creek Massage is strictly non-sexual. Lewd or sexual behavior, or the mere suggestion of it in any form, will result in the immediate termination of the session. If a session is terminated early on this basis, I will still be held responsible for full payment.

Client signature_____ Date_____

Witnessed _____ Date_____