



Welcome to Healing Sense Massage! Please complete this intake form prior to your massage. Information should reflect current medical information or historical data if it is currently relevant. Thank you!

Name: _____ Date of Birth: _____
Email address: _____ Phone: _____
Emergency Contact: _____ Phone: _____
Occupation: _____
What is your goal for the session today? _____

MEDICAL INFORMATION:

Present Symptoms/Other areas of concern: _____
Minor complaints / other areas of concern: _____
When did you first notice major complaints/how long?: _____
What activity aggravate condition?: _____
Has there been a medical diagnosis: ___ No ___ Yes / Doctor's diagnosis: _____
___ X-Ray ___ Scan ___ MRI ___ Blood work

Describe: _____
Are you Pregnant: _____ How many weeks? _____ Do you have your doctor's/midwife approval? _____
Are you on any medications? ___ No ___ Yes
If yes, list them: _____

Please circle conditions that are affecting your health:

Arthritis Diabetes Cancer Joint Pain Stroke Ringing in the ears
Chronic Pain Skin Condition Asthma TMJ/Jaw pain Insomnia High Blood Pressure
Headaches Heart Disease Backaches Panic Disorder Depression Chemical Dependency
Scoliosis Seizures Constipation Muscle strain/sprain

Had any operations? ___ No ___ Yes If Yes, describe: _____
Broken any bones? ___ No ___ Yes If Yes, describe: _____
Been in an accident? ___ No ___ Yes If Yes, describe: _____
Did you receive whiplash? ___ No ___ Yes If Yes, describe: _____

TURN PAGE OVER 

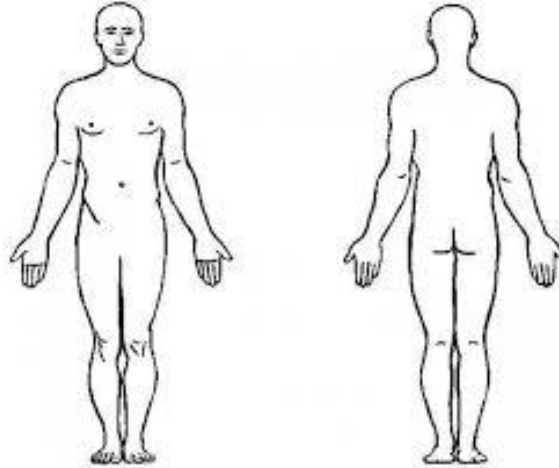
Do you currently have any of the following? (please circle)

Skin Rash Cold/Flu Open Cuts Severe Pain Injuries/Bruises Anything Contagious

Allergies: Medication Foods (nuts/citrus) Skin Care Products Environmental Allergens(dust/pollen/fragrance)

Are you wearing? (please circle) Contact Lenses Hearing Aids/ Cochlear Implant Other Device _____

Below, please indicate any areas in which you are feeling discomfort.



MY TOLERANCE FOR PRESSURE IS:

LIGHT

DEEP

1 2 3 4 5 6 7 8 9 10

It is normal for your body to respond in different ways to the relaxation of the massage table. Trust your body to express what it needs to – including but not limited to changing position, sighing, yawning, changes in breathing, stomach gurgling, emotional feels and/or expression, movement of intestinal gas, energy shifts, falling asleep, memories and etc.

Please read and sign below –

- **CANCELLATION POLICY:** Healing Sense Massage understands that unanticipated events happen occasionally in everyone’s life. It is the desire of Healing Sense Massage to be effective and fair to every client as well as the therapists. In order to achieve these desires, the following policy has been adopted: **24 hours Advance Notice** is required when cancelling an appointment. This allows the opportunity for someone else to schedule an appointment in that time slot. If you are unable to give 24 hours advance notice, barring emergencies, **the fee of \$75 will be charged.** If you forget or consciously choose to forgo your appointment for whatever reason, attempt to cancel the day of your appointment, or at your appointment time, the full session fee will be due. Any fees will be due immediately and will hinder scheduling future appointments until paid. (Emergencies: sickness, death, injury, circumstances beyond your control)
- I understand I should avoid caffeine, alcohol, sugary foods and drinks, dairy and processed meats and I should consume an abundance of clean water.
- I understand that massage, while therapeutic, is no substitute for medical examination, diagnosis and treatment.
- Any sexual remarks or advances will terminate the session and I will be responsible for payment for the entire session.
- Massage has specific contraindications and as such, I affirm I have answered all the medical questions truthfully.

SIGNATURE: _____

DATE: _____