

Inspired

Intuition Therapeutic Massage

60 Main Street, Suite #64, Windsor Locks, CT 06096
860-752-6353

Confidential Client Intake Form

Name: _____ Date: _____ DOB: _____

Nickname or Name of Preference: _____

Email Address: _____

Address: _____

Street/City/Zip: _____

Phone Number: _____ Cell Number: _____

Employer: _____

Occupation: _____

Position You are in Most of the Day: _____

Insurance Carrier: _____

Group/ID Number: _____

What are your goals for your massage sessions (ie: relaxation, increase range of motion, reduce pain):

Health History

Are you currently under the care of a primary healthcare provider? Yes No

Name of Current Healthcare Provider: _____

Location (Full Address): _____

Phone Number/Contact Information: _____

May we exchange information when necessary with this provider? Yes No

Please list medications, supplements or homeopathics you are currently taking:

Medication/Herb	Reason	Date Started	Dosage
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_____	_____	_____	_____
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_____	_____	_____	_____
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Do you have or have you experienced:

Skin Conditions: Rashes/allergies/fungal infections

Respiratory Conditions: Lung/Sinus

Muscle Conditions: Strains/Sprains/Spasms/Cramps

Circulatory Conditions: Heart/Blood/Arteries/Venus

Joint Conditions: Sprains/Arthritis

Reproductive Conditions: Pregnancy/Prostate

Nervous System Conditions: Numbness/Tingling

Digestive Conditions: Constipation/Ulcers/Diahrrea

Please circle any of the following conditions you have experienced in your lifetime (dates included):

- | | | | |
|-----------------|---------------------|---------------------|--------------------|
| Thrombosis | Chronic Pain | High Blood Pressure | Scoliosis |
| Sports Injury | Severe Pain | Lupus | Pinched Nerve |
| Diabetes | Bone Disease | Blood Clots | Cold/Flu/Fever |
| Bladder Ailment | Emphysema | Embolism | Infectious Disease |
| Lymphodema | Pregnancy | Thyroid Dysfunction | Shingles |
| Surgery | Kidney Ailment | Heart Attack | Asthma |
| Fibromyalgia | Liver Ailment | Migraines | TMJ Syndrome |
| Ulcers | Open Cuts | Depression | Carpal Tunnel |
| Grief Process | Low Blood Pressure | Osteoporosis | Sciatic/Leg Pain |
| Skin Issues | Tendonitis/Bursitis | Whiplash | Seizures |
| Back Pain | Chronic Fatigue | Headaches | Irritable Bowel |
| PMS Syndrome | Phlebitis | Sleep Issues | Stroke |

Infections/Communicable Conditions: _____

Other Conditions: _____

Please explain any of the above:

I have listed all my known medical conditions and physical limitations and will inform the massage therapist in writing of any changes between bodywork sessions. I understand that a massage therapist must be aware of any and all existing neither diagnoses nor prescribes for illness, disease or any other medical physical or emotional disorder nor performs any thrusting joint or spinal manipulations or adjustments. I am responsible for consulting for consulting a qualified primary care provider for any physical ailment that I may have.

I agree I will provide forty-eight (48) hours notice to cancel any bodywork session to avoid being charged a fee up to equal to but not exceeding the full cost of the cancelled massage session.

Signed: _____ Date: _____
Parent/Legal Guardian (if under 18 years of age): _____