



# NATURAL CARE MASSAGE

Kelly Jensen ~ Licensed Massage Therapist



## Massage Therapy Intake Questionnaire

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 SEX: F \_\_\_ M \_\_\_ BIRTHDATE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
 WORK ADDRESS: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

**USE THE REVERSE SIDE OF THIS FORM IF EXPLANATION IS NEEDED FOR THE FOLLOWING QUESTIONS:**

Activities / Exercise \_\_\_\_\_

Position you assume most during the day (sitting, standing, bending, etc.) \_\_\_\_\_

Reason for therapeutic massage appointment (major complaint) \_\_\_\_\_

How did this condition develop? \_\_\_\_\_

Describe the results from previous massage treatments for this condition \_\_\_\_\_

Is there anything that makes your condition worse? \_\_\_\_\_

Are you under a doctor's care? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Please list present medications used and their purpose: \_\_\_\_\_

Have you had surgery in the past five years? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Have you ever had an accident that resulted in injury: \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Do you regularly drink caffeine? \_\_\_\_\_ Smoke? \_\_\_\_\_ Use Alcohol? \_\_\_\_\_

Are you pregnant? \_\_\_\_\_ If yes, what is the estimated due date? \_\_\_\_\_

**PLEASE CIRCLE ANY OF THE FOLLOWING CONDITIONS THAT APPLY OR HAVE APPLIED TO YOU:**

Allergies	Bursitis	Ears Ringing	Fatigue	Constipation	Sciatica
Emphysema	Numb Feet	Heart / Circulatory	Asthma	Open Wounds	Stomach Disorder
Cancer	Diabetes	Skin Disorders	Neck Pain	Cramps	Edema
Abdominal Hernia	Back Pain	Loss of Balance	Severe Depression	Herniated Disc	Cold Hands
Sinusitis	Cold Feet	Broken Bones	Sprains	Headaches	Dizziness
Contagious Disease	Stroke	Kidney Disease	Hypoglycemia	Varicose Veins	Other - Please explain on back
Arthritis	Phlebitis	Low Blood Pressure	Diarrhea	High Blood Pressure	

**Please take a moment to read the following information:**

**If you have a specific medical condition or specific symptoms, massage may be contraindicated. A referral from your primary care provider may be required prior to service being provided. We reserve our right to refuse or discontinue treatment according to contraindication, noncompliance with ethical codes, or sexual misconduct.**

**SIGNATURE:** \_\_\_\_\_