

# *Relaxing Note* Massage Therapy Client Health Intake Form

## Patient Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you currently under a physicians care for an acute or chronic illness? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

If yes, who is your health care provider: \_\_\_\_\_

Are you currently taking any prescribed medication or dietary supplements? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

Have you received a professional massage before? Yes \_\_\_ No \_\_\_, If so, when? \_\_\_\_\_

How did you hear about *Relaxing Note*? \_\_\_\_\_

What are your goals for this session: \_\_\_\_\_

Please list areas of tension, stress and/or pain you wish to be addressed: \_\_\_\_\_

\_\_\_\_\_

## Health Information

*Please mark an (X) by all current conditions and (P) for all past conditions.*

Abdominal / Digestive

Accident

Allergies

Anxiety

Arthritis/tenonitis

Asthma or lung cond.

Athletes foot

Blood clots

Chronic pain

Circulatory / Heart cond.

Constipation / Diarrhea

Depression

Decreased range of motion

Diabetes

Fatigue

Fibromyalgia

Headaches / Migraines

Hearing problems

Hernia

High blood pressure

Jaw pain / TMJ pain

Low blood pressure

Low back pain

Mid back Pain

Muscle / bone injuries

Neck Pain

Numbness / tingles

Pregnancy

Rash / fungus

Sinus problems

Sleep difficulties

Spinal disorders

Sprain / Strain

Tension / Stress

Vision problems

Varicose veins

Whiplash

Other

Elaborate on noted areas above: \_\_\_\_\_

\_\_\_\_\_

Please list any recent injuries or surgeries within the past 5 years: \_\_\_\_\_

\_\_\_\_\_

Please list your stress-reduction activities, hobbies, exercise and/or sport participation: \_\_\_\_\_

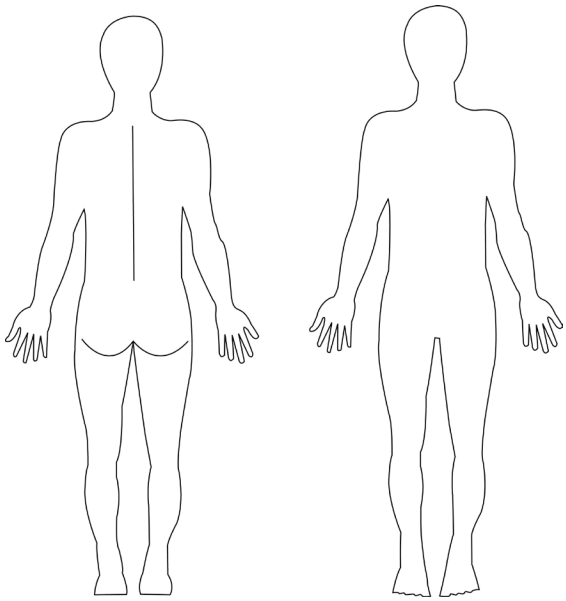
\_\_\_\_\_

\_\_\_\_\_

Please use the letters provided in the key to identify the symptoms you are feeling today. Circle the area around each letter, representing the size and shape of each symptom location.

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

P = pain or tenderness  
S = joint or muscle stiffness  
N = numbness or tingling



**Referral System:**

Many of you have helped our practice grow by recommending Relaxing Note to your friends, family, and co-workers. To thank you in return, when someone puts your name in the "How did you hear about us" line of this health form, we will send you a \$20.00 coupon towards your next visit.

**Hot Tub Disclosure:**

The use of a hot tub (spa), carries risks that may result in serious injury or death. Elderly persons, expecting mothers, menstruating females and anyone subject to heart disease, diabetes, low or high blood pressure, strokes, epilepsy, or similar medical issues should not enter a spa alone and without consulting their physician first. Never use a spa while under the influence of drugs or alcohol. If you are taking medication of any kind, or being treated for any illness, consult your physician prior to use of the hot tub (spa). THE UNDERSIGNED hereby ASSUMES FULL RESPONSIBILITY FOR RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of the releases or otherwise while in the spa/hot tub.

**Cancellation Policy:**

Your appointment time has been specifically reserved for you. A 24 hour notice is required for schedule changes or cancellations. There is a \$25 fee added to your session for changes or cancellations made with less than 24 hour notice.

*I am responsible for paying for any appointment cancellation of less than 24 hours. \_\_\_\_\_ (initials)*

*I understand that Relaxing Note L.L.C. abides by the H.I.P.A.A. regulations, and that all my records and information is confidential. \_\_\_\_\_ (initials)*

*I have stated all conditions that I am aware of and this information is true and accurate to the best of my knowledge. I will inform my health care provider and massage therapist if anything changes in my status. I understand that massage/bodywork I receive is for the purpose of stress reduction and the relief form muscular tension, spasm or pain and to increase circulation. If I experience any pain or discomfort, I will immediately inform my massage therapist so that the pressure and/or methods can be adjusted to my comfort level. I understand that my massage therapist does not diagnose illness or disease, nor perform any spinal manipulations, and does not prescribe any medications/treatments. I acknowledge that massage is not a substitute for a medical examination or diagnosis and that I should see my health care provider for those services. If I am unable to attend my scheduled appointment, I will respect and abide by the set cancellation policies. Sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature will constitute as sexual harassment and will not be tolerated. I understand that I am receiving massage therapy at my own risk. In the event that I become injured either directly or indirectly as a result, in whole or in part, of the aforesaid massage therapy I hereby hold harmless and indemnify the therapist, their principals, and agents from all claims and liability whatsoever.*

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Relaxing Note Use:)*

**Photo ID Checked:**  **No.** \_\_\_\_\_ **Witness:** \_\_\_\_\_