Relaxing Note Massage Therapy - Client Health Intake Form

Patient Information

Name: ____

Address: ______________________ Primary Phone: ______________________

City: ______________________ Alternate Phone: ______________________

State: ________ Zip: ______________ E-mail: ______________________

Date of Birth: ______________________ Occupation: ______________________

Emergency Contact Person: ______________________ Phone: ______________________

Are you currently under a physician's 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: ____

____

Patient Preferences

The following information will assist the therapist with customizing your session for your comfort. It is important to communicate with your therapist during the session if anything changes or to improve your comfort level.

I agree to communicate with my therapist throughout the session: _______*(initials)*

Please **CIRCLE** the appropriate item(s) for each subject:

- Would you prefer: Oil (scented or unscented) / Cream (scented or unscented) / No preference
- Do you get hot easily during a session? Yes / No
- Do you get cold easily during a session? Yes / No
- Pillows: Extra pillows / No pillows / I don't know
- Pressure: Light / Firm / Deep / I don't know
- Allergies we need to be aware of: ____
- Sound: Music / No music / No preference

Health Information

Please mark an (C) by all current conditions and (P) for all past conditions:

__ Abdominal / Digestive
__ Allergies
__ Anxiety
__ Arthritis/tendonitis
__ Asthma or lung cond.
__ Athlete's foot
__ Back Pain (Low / Mid / Upper)
__ Chronic pain
__ Circulatory / Heart cond.
__ Constipation / Diarrhea
__ Depression
__ Decreased range of motion
__ Diabetes
__ Fatigue
__ Fibromyalgia
__ Headaches / Migraines
__ Hearing problems
__ Hernia
__ High / Low blood pressure
__ Jaw pain / TMJ pain
__ Muscle / bone injuries
__ Neck Pain
__ Numbness / tingles
__ Rash / fungus
__ Sinus problems
__ Sleep difficulties
__ Spinal disorders
__ Sprain / Strain
__ Tension / Stress
__ Vision problems
__ Varicose veins
__ Whiplash / Accident
__ 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:

  ____

- Pregnancy:
  - If pregnant, how far along are you? ________ Weeks / Months
  - Have you had any miscarriages? Yes / No
  - Have there been any issues/concerns during your pregnancy? __________________________

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- Do you currently, or have you had, cancer? Yes / No

  If yes, please elaborate: ____

- Do you have Edema, Lymphedema or any other Lymphatic related condition? Yes / No

  If yes, please elaborate: ____

- Do you have any blood clots or congestive heart failure? Yes / No

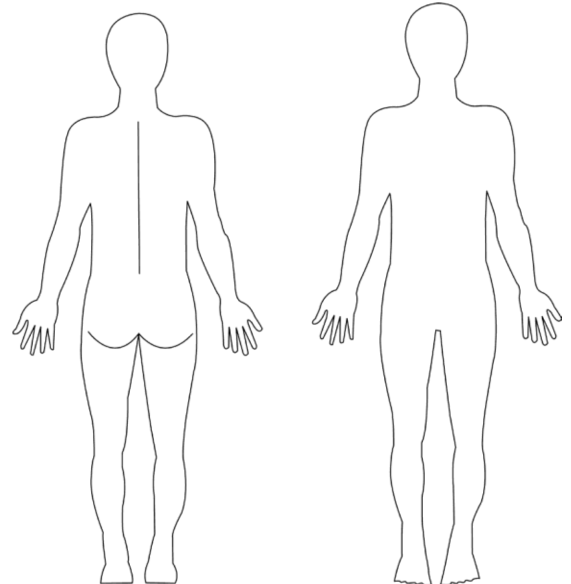
  [Congestive Heart Failure symptoms can include: swelling, weight gain, persistent coughing that produces white or pink blood-tinged mucus, shortness of breath caused by accumulation of fluid in the lungs, weakness or fatigue, loss of appetite, cognitive changes (such as confusion, memory loss, disorientation), racing heart and chest pain]

  If yes, please elaborate: ____

  ____

Areas for Focused Attention

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



P = pain or tenderness

S = joint or muscle stiffness

N = numbness or tingling

Notes: ____

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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 a future visit.

Sauna Disclosure:
The use of a sauna 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 sauna alone and without consulting their physician first. Never use a sauna 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 sauna. 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 sauna.

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, per person, added to your session for changes or cancellations made with less than 24 hour notice. A deposit may be required before (re)booking an appointment at the discretion of Relaxing Note.

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: ☐ ID No.: Witness: