



SUNFLOWER  
B O D Y W O R K S

## THERAPEUTIC MASSAGE CLIENT HEALTH INTAKE FORM

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

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

How did you hear about Sunflower Bodyworks? \_\_\_\_\_

Is this your first professional massage? \_\_\_ Yes \_\_\_ No

### CURRENT HEALTH

Reasons for scheduling massage: \_\_\_\_\_

Are you currently under the care of a physician or therapist? If yes, for what condition?  
\_\_\_\_\_

Please list medications you are currently taking, and the conditions they address.  
\_\_\_\_\_

Are you experiencing any pain? \_\_\_\_\_

Where is the pain, and do you know what caused it? \_\_\_\_\_  
\_\_\_\_\_

What exercise do you regularly perform?  
\_\_\_\_\_

Do you have allergies or sensitivity to oils, lotions, or scents?  
\_\_\_\_\_

Are you pregnant? \_\_\_ no \_\_\_ yes If yes, what week? \_\_\_\_\_

## MEDICAL HISTORY

Please describe any injuries or surgeries in the past 5 years.

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Do you have, or have you had in the past:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Allergies                 | <input type="checkbox"/> Edema (swelling)        | <input type="checkbox"/> Sciatica                           |
| <input type="checkbox"/> Asthma                    | <input type="checkbox"/> Fibromyalgia            | <input type="checkbox"/> Skin disorders                     |
| <input type="checkbox"/> Arthritis                 | <input type="checkbox"/> Headaches               | <input type="checkbox"/> Tendon/ligament/<br>cartilage tear |
| <input type="checkbox"/> Blood clots               | <input type="checkbox"/> High/low blood pressure | <input type="checkbox"/> Varicose veins                     |
| <input type="checkbox"/> Broken/fractured bones    | <input type="checkbox"/> Jaw pain (TMJ)          | <input type="checkbox"/> Other: _____                       |
| <input type="checkbox"/> Cancer                    | <input type="checkbox"/> Numbness                |   |
| <input type="checkbox"/> Cardiovascular conditions | <input type="checkbox"/> Osteoarthritis          |   |
| <input type="checkbox"/> Diabetes                  | <input type="checkbox"/> Osteoporosis            |   |

## EXPECTATIONS - APPOINTMENTS AND CANCELLATIONS

A massage therapy session is an experience jointly created by the therapist and the client. Working together, massage encourages stress relief and body awareness. Your therapist will listen and respond to your words and to the tissues in your body to create a safe, healthy and supportive experience. All sessions are client-centered – your comfort and well-being is the highest priority.

Please be on time for your appointment. Cancellation is expected 24 hours in advance for both client and therapist. If you provide less than 24 hours notice, and we are unable to fill your appointment time, you may be responsible for the fee.

## ALCOHOL, DRUGS AND OTHER ISSUES

A client's use of alcohol and other drugs diminishes the ability of the therapist to achieve desired results and may be cause to terminate the session. Any behavior that might be interpreted as sexual in nature is cause to terminate the session. Cancellation policy applies.

## REFERRALS

If you are experiencing a condition that contraindicates massage, you may be referred to another appropriate healthcare provider. We will not diagnose, prescribe drugs, or give advice to clients regarding their medical condition.

## PRIVACY

All client information is held strictly confidential except where required by law.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Emergency contact: \_\_\_\_\_

Phone number: \_\_\_\_\_