

Natural Concepts Massage and Healing

Client Intake Form

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Best Number to Reach You: _____

Occupation: _____ DOB: _____

In Case of Emergency, please notify: _____

Reason for seeking massage: _____

Present Symptoms: What is your major complaint or condition you want to improve: _____

What aggravates this condition? _____

Are you under medical/therapeutic treatment? () Yes () No

If yes, for what condition: _____

List any medications (including aspirin) and nutritional supplements you are taking, and the time of last dosage taken: _____

Please list (date and description) any accidents or surgical operations: _____

How do you prefer to communicate with your therapist? Phone Call () Text Messaging () Email ()

Notes (Office Use Only):

m? last one?

chiro? Interest?

c/acc or trauma?

x-rays?

pain?

Health History

Please check off any of the following conditions that you have experienced:

Muscular-Skeletal

- Headaches
- Joint stiffness/swelling
- Spasms/cramps/soreness
- Jaw pain/TMJ
- Bursitis
- Arthritis
- Scoliosis
- Fibromyalgia
- Carpel Tunnel Syndrome
- Broken Bones
- Tendonitis
- Osteoporosis
- Sciatica
- Shin Splints

Nervous System

- Numbness/tingling
- Fatigue
- Chronic Pain
- Ulcers
- Epilepsy
- Chronic Fatigue Syndrome
- Multiple Sclerosis
- Stroke
- Peripheral Neuropathy
- Parkinson's Disease
- Bell's Palsy

Circulatory & Respiratory

- Dizziness
- Cold hands or feet
- Varicose
- Allergies
- Heart Condition
- High Blood Pressure
- Low Blood Pressure
- Diabetes

Additional Conditions

- Pregnancy
- Depression
- Cancer
- Constipation
- Gout
- Herniated Disc
- Lupus
- Psoriasis
- Eczema

Any other conditions not listed: _____

Thank you for choosing Tonya Siciliano, LMT for your massage therapy needs.

Signature: _____

Date: _____

Please take a moment to carefully read the following information:

I hereby release Tonya Siciliano, LMT of any liability incurred for accepting a massage performed due to a pre-existing medical condition as noted or not noted. I certify that the information on the previous page is accurate and nothing has been falsified.

Massage Therapy Informed Consent

I, _____ (client) understand that massage therapy provided by Tonya Siciliano is intended to enhance relaxation, reduce pain caused my muscle tension, increase range of motion, improve circulation and offer a positive experience of touch.

The general benefits of massage, possible massage contraindications and the treatment procedure have been explained to me. I understand that massage therapy is not a substitute for medical treatment of medications, and that it is recommended that I concurrently work with my Primary Caregiver for any condition I may have. I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medication and that spinal manipulations are not part of massage therapy.

I have informed the massage therapist of all my known physical conditions, medical conditions and medications, and I will keep the massage therapist updated on any changes.

I have received a copy of this establishment's policies, I understand them and agree to abide by them.

Client's Signature

Date