

Duffy's Massage eXcellence - Client Intake Form

Personal Information

Name: _____ Date: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____
 DOB: _____ Age: _____
 Sex: _____ Height: _____ Weight: _____

History

Exercise Frequency: _____ Exercise Type(s): _____
 Do you smoke? _____ Have you ever smoked? _____ How Often? _____
 How much water do you drink per day? _____
 What medications are you currently using? _____
 Previous complaints/surgeries/medications: _____
 What is your major complaint? _____
 Have you received massage therapy before? _____
 Are you pregnant? _____ Term of pregnancy? _____

Goal for Today's Massage:

(Circle level of pressure 10 being very invigorating)

Deep Tissue (Heavy Invigorating therapy) _____ Level of pressure: 1 2 3 4 5 6 7 8 9 10
 Elbow(s), Knuckles, Myofascial, Forearms, Trigger point, Stretching & Mobilizing
 Swedish Massage (relaxation) _____ Level of pressure: 1 2 3 4 5 6 7 8 9 10
 Hot Stones/Towels Massage _____

Do You Have Any of the Following Today? (Check All That Apply)

- | | | | |
|-------------------------------------|---|---|--|
| <input type="checkbox"/> Sunburn | <input type="checkbox"/> Cuts, Burns, Bruises | <input type="checkbox"/> Inflammation | <input type="checkbox"/> Irritated Skin Rash |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Severe Pain | <input type="checkbox"/> Poison Ivy | <input type="checkbox"/> Cold or Flu |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Arteriosclerosis | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Hernia | <input type="checkbox"/> Stomach Ulcers |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Cancer | <input type="checkbox"/> Pins/Pacemaker |
| <input type="checkbox"/> Depression | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Contact Lenses | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Musculoskeletal Problems | |

Mark Areas of Discomfort



I understand that massage is designed for the purpose of relaxation and relief from tension, muscle spasms or poor circulation. The massage therapist cannot diagnose medical issues/diseases/disorders or perform spine palpitations.

Signature _____

Date _____