



# Massage Therapy Intake Form

5401 S. Kirkman Rd. #760, Orlando, FL, 32811, 321-332-6984

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Welcome! I would like to make your session as pleasant and as comfortable as possible. If at any time during the treatment you have questions, please let me know.

Personal Information: Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last Name: \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

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

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

E-Mail Address: \_\_\_\_\_

Occupation \_\_\_\_\_ Highest Level of Education \_\_\_\_\_

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

Is it okay to leave a message? Cell: Y / N Work: Y/N Home: Y/N

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_

**In case of emergency please notify:**

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relationship: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Please check any condition listed below that applies to you:

- |                                                                                        |                                                                     |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> phlebitis                                                     | <input type="checkbox"/> deep vein thrombosis/blood clots           |
| <input type="checkbox"/> osteoporosis                                                  | <input type="checkbox"/> epilepsy                                   |
| <input type="checkbox"/> headaches/migraines                                           | <input type="checkbox"/> cancer                                     |
| <input type="checkbox"/> diabetes                                                      | <input type="checkbox"/> decreased sensation                        |
| <input type="checkbox"/> back/neck problems                                            | <input type="checkbox"/> fibromyalgia                               |
| <input type="checkbox"/> TMJ                                                           | <input type="checkbox"/> carpal tunnel syndrome                     |
| <input type="checkbox"/> tennis elbow                                                  | <input type="checkbox"/> pregnancy (If yes, how many months? _____) |
| <input type="checkbox"/> contagious skin condition                                     | <input type="checkbox"/> open sores or wounds                       |
| <input type="checkbox"/> easy bruising                                                 | <input type="checkbox"/> recent accident or injury                  |
| <input type="checkbox"/> recent fracture                                               | <input type="checkbox"/> recent surgery                             |
| <input type="checkbox"/> artificial joint                                              | <input type="checkbox"/> sprains/strains                            |
| <input type="checkbox"/> current fever                                                 | <input type="checkbox"/> swollen glands                             |
| <input type="checkbox"/> allergies/sensitivity                                         | <input type="checkbox"/> heart condition                            |
| <input type="checkbox"/> high or low blood pressure                                    | <input type="checkbox"/> circulatory disorder                       |
| <input type="checkbox"/> varicose veins                                                | <input type="checkbox"/> atherosclerosis                            |
| <input type="checkbox"/> joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis |                                                                     |

Please explain any condition that you have marked:

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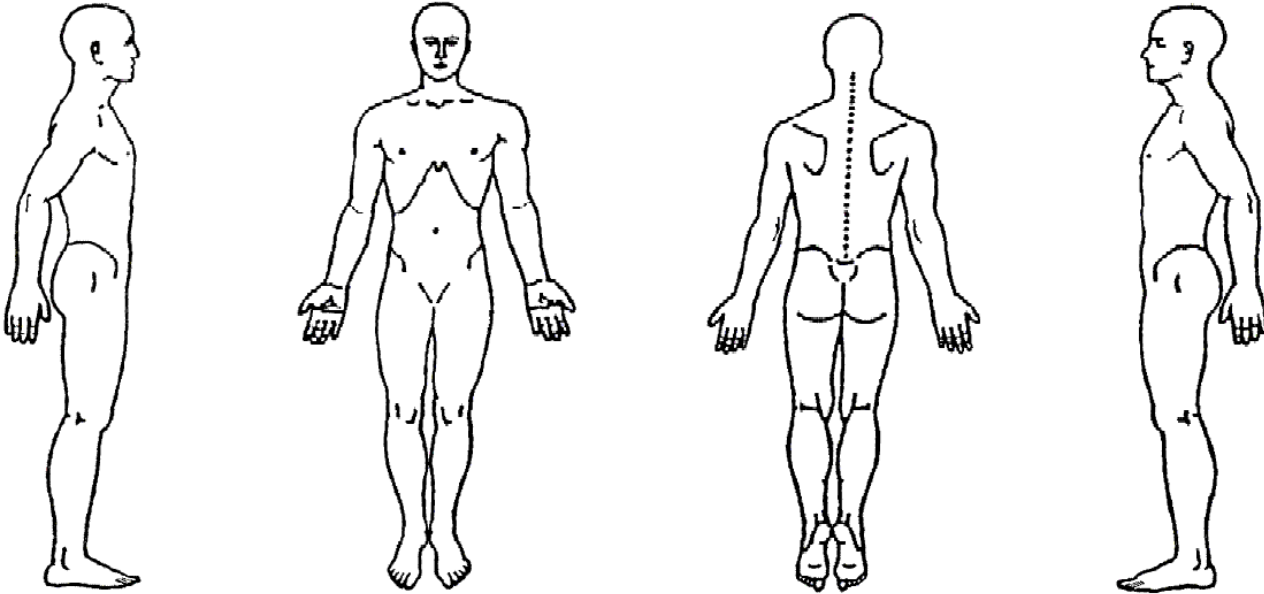
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What other therapies are you currently receiving?

- \_\_\_ Physical Therapy
- \_\_\_ Chiropractic Adjustment
- \_\_\_ Acupuncture Treatments
- \_\_\_ Other: Describe \_\_\_\_\_

## Symptom(s) Location

Place an X in the areas where you are experiencing pain or stress accumulation.



Please read the following information and sign below:

I understand that although massage therapy can be very therapeutic, relaxing and reduce muscular tension, it is not a substitute for medical examination, diagnosis and treatment. Being that massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully.

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

## REFERRAL SOURCES

**Our counselor will review this page with you and answer any questions you may have.**

We network with a group of trusted professionals on a weekly basis. If you are looking for someone to help you with any of the following services, please place an X next to that category and we will provide you with their business card or contact information.

**Client Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Okay to share:** E-mail: Y / N - Phone: Y / N

- \_\_\_ Attorney – Criminal Defense
- \_\_\_ Attorney - Family (Divorce, Custody, Child-support, etc.)
- \_\_\_ Attorney – Business Law
- \_\_\_ Photographer
- \_\_\_ Digital Marketing (SEO, Website Design, Video, Social Media)
- \_\_\_ Financial Planner (Investments, IRA, 401k, etc.)
- \_\_\_ Counselor/Life Coach (Individual, Marriage & Family, Career)
- \_\_\_ Residential Real Estate (Buying or selling)
- \_\_\_ Business Internet / Phone / Cable TV
- \_\_\_ Banker (personal or business)
- \_\_\_ A/C & Heating (sales & service)
- \_\_\_ Business Consulting
- \_\_\_ Nutritional Counselor
- \_\_\_ Acupuncture
- \_\_\_ Massage Therapy
- \_\_\_ Health Insurance (Individual & Group benefits)
- \_\_\_ Life Insurance
- \_\_\_ Residential Mortgage (purchase, re-fi, construction, reverse)
- \_\_\_ Marketing / Advertising
- \_\_\_ Insurance (Auto, Home, Business)
- \_\_\_ Wedding Minister
- \_\_\_ Pest Control (Home or Business)
- \_\_\_ CPA (Audit representation, Tax returns, Business Start-ups)
- \_\_\_ Handyman/ Lawn Maintenance
- \_\_\_ Merchant Services
- \_\_\_ Payroll Services
- \_\_\_ Printing/ Promotional Products
- \_\_\_ Interior Design
- \_\_\_ Caterer
- \_\_\_ Legal Shield/ Identity Theft
- \_\_\_ Private Investigator