Fluid Motion Massage Client Intake Form

Name: DOB:

Phone #: Email address:

Address: City/State/Zip:

Occupation:

Emergency contact: Phone #:

Have you had a professional massage in the past? [ ] YES [ ]  NO

How did you hear about Fluid Motion Massage?

What is your goal for this massage?:

Pressure Preference: [ ]  Light [ ]  Medium

Please check all that apply:

[ ] Skin conditions- [ ] rash, [ ] hives, [ ] skin cancer,[ ]  eczema, [ ] psoriasis

[ ] Acute infection/[ ] cellulitis

[ ] Acute inflammation Location:

[ ] Blood clot/DVT in past 6 months Location:

[ ] Acute/active/untreated cancer Location/Date/treatment received? ­

[ ] Wounds

[ ] Kidney failure/Acute or chronic kidney disease

[ ] Congestive heart failure

[ ] Pregnancy If so, how far along:

[ ] Orthopedic surgery Location & Date:

[ ] High blood pressure/Low blood pressure

[ ] Varicose veins

[ ] Breathing problems

[ ] Decreased sensation

[ ] Rheumatoid arthritis

[ ] Chronic venous insufficiency

[ ] Fibromyalgia

[ ] Cardiac arrhythmia

[ ] Hernia

[ ] Inflammatory bowel disease

[ ] Diverticulitis

[ ] Cold or sinus congestion

[ ] Lyme Disease

[ ] Allergies

[ ] Pain Location: Rating: (0-10 scale)

[ ] Liver Disease

[ ] Headaches

[ ] Other:

Are you currently taking medications: [ ]  YES [ ]  NO If so, please list here:

Consent for Treatment:

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said during the session given should be construed as such. Because massage/bodywork should not be performed with certain medical conditions, I affirm that I have made known all my medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner’s part should I fail to do so. I understand that no inappropriate comments or conduct sexually suggestive in nature will not be tolerated. Any indication of such behavior will automatically end the session with full payment expected. Understanding all of this, I consent to receive care.

Client Signature: Date: