NEW IMAGE HEALTH & WELLNESS

HEALTH INFORMATION & MASSAGE INTAKE FORM

Client Information

First Name: _____

Last Name: _____

Date of Birth: _____

Phone: _____

Email: _____

Address: _____

Preferred Contact Method: _____

Medical Information

Practitioner/Clinic Name: _____

Physician/Healthcare Provider: _____

Is massage/bodywork medically necessary? ■ Yes ■ No

Do you have a physician referral/prescription? ■ Yes ■ No

Are you seeking insurance reimbursement? ■ Yes ■ No

Type of insurance coverage: _____

Massage Information

Have you received professional massage/bodywork before? ■ Yes ■ No

How recently? _____

Preferred massage/bodywork type: _____

Preferred pressure: ■ Light ■ Medium ■ Firm ■ Deep

Goals/expected outcomes: _____

How do you feel today? _____

Current symptoms/issues: _____

Do symptoms interfere with daily activities? ■ Yes ■ No
If yes, explain: _____

HEALTH HISTORY

Please check any conditions that you currently have or have had in the past: ■ Muscle or joint pain ■ Muscle or joint stiffness ■ Numbness or tingling ■ Swelling ■ Bruise easily ■ Sensitive to touch/pressure ■ High/Low blood pressure ■ Stroke or heart attack ■ Varicose veins ■ Shortness of breath or asthma ■ Cancer ■ Neurological disorders ■ Epilepsy or seizures ■ Headaches or migraines ■ Dizziness or ringing in ears ■ Digestive conditions ■ Gas, bloating, constipation ■ Kidney disease/infection ■ Arthritis ■ Osteoporosis or degenerative spine disease ■ Scoliosis ■ Broken bones ■ Allergies ■ Diabetes ■ Endocrine/thyroid conditions ■ Depression or anxiety ■ Memory loss, confusion, easily overwhelmed

List medications currently taken:
_____ Are you wearing contacts? ■ Yes ■ No Are you wearing dentures? ■ Yes ■ No Are you wearing a hairpiece? ■ Yes ■ No Are you pregnant? ■ Yes ■ No Past injuries or surgeries that may affect treatment:
_____ Comments:
_____
_____

Consent for Treatment
If I experience pain or discomfort during treatment, I will immediately inform the practitioner. I understand massage/bodywork is not a substitute for medical examination, diagnosis, or treatment. I understand massage practitioners do not diagnose illness or perform spinal adjustments. I affirm that I have disclosed all known medical conditions and will update the practitioner regarding any changes. Any illicit or sexually suggestive remarks or advances will result in immediate termination of the session.

Client Signature: _____

Date: _____