Saint Acupuncture and Wellness

Massage Therapy Intake Form

Name_____

Address_____

City/State/Zip_____

Phone_____Email_____

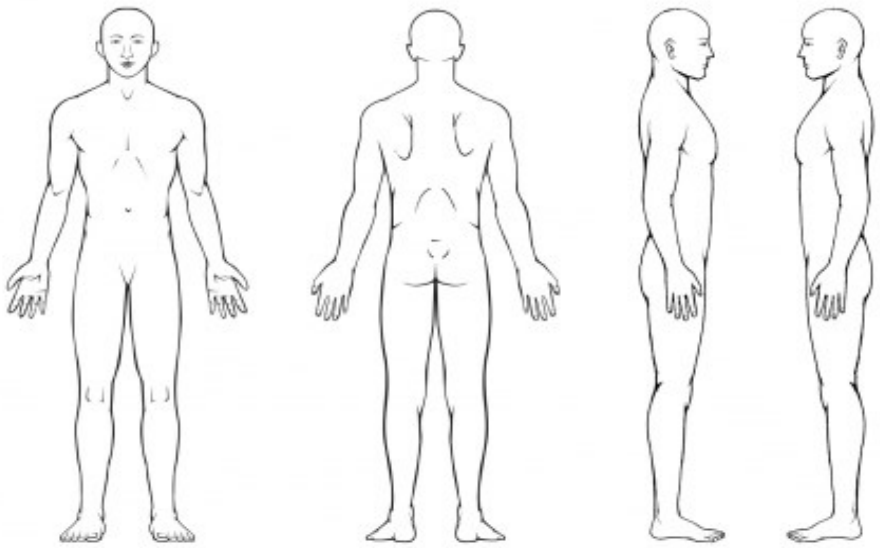
Gender M___F__ Date of Birth_____ How did you hear about us?_____

Current Condition

Describe your condition and any symptoms you are suffering from. Also mark the diagram using the symbols at right. _____

_____

_____



Aching	A
Sharp	SH
Stabbing	ST
Burning	B
Numbness/Tingling	N/T

How long have you had this condition? What aggravates it? What relieves it?_____

_____

_____

Medical History

__Allergies
__Arthritis
__Anemia
__Anxiety
__Asthma
__B leeding /Bruising
__Blood Pressure
__Bursitis
__Cancer
__Cardiac Issues
__Circulation Problems
__Contact Lenses
__Depression
__Diabetes
__Digestive Problems
__Dizziness/Fainting
__Endocrine Issues
__Fibromyalgia
__Headaches
__Hernia
__Joint Problems
__Kidney/Urinary
__Liver/Gall Bladder
__Muscle Strain/Sprain
__Neurological Problems
__Osteoporosis
__Pacemaker
__Phlebitis/Blood Clots
__Pregnancy /How many weeks__
__Respiratory
__Seizures/Epilepsy
__Sinus Problems
__Skin Conditions
__Smoker
__Stress
__Trauma
__Ulcer
__Varicose Veins
__Vertebral/Disc Problems
__Other Conditions
__Lotion/Oil Allergies that may affect massage

Have you had Massage before? __Yes __No When was your last Massage?_____

Experience? __Positive __Negative __Neutral

List Major Injuries, Accidents, or Surgeries _____

_____

_____

List Medications currently taking_____

_____

Policies Agreement

Please initial after reading to confirm that you have read and understand the statements below.

__Please provide 24 hour advance notice when cancelling an appointment. Cancellations or missed appointments without notice will result in full charge for the session.

__I understand that Massage is not a substitute for medical examination, diagnosis or treatment. Because Massage should not be performed under certain medical conditions, I affirm that I have stated all known medical conditions and answered all questions honestly.

__Saint Acupuncture reserves the right to cancel or terminate any session in the event of a client's misbehavior. This includes intoxication, misbehavior of any nature, or being under the influence of drugs. Payment for the session will be rendered in full. Termination of the session is at the discretion of the therapist and does not require an explanation.