



NEW PATIENT INTAKE FORM

Name _____ DOB _____
 Today's Date _____
 Home phone #(_____) _____
 Work phone #(_____) _____
 Cell phone #(_____) _____

Best time(s) to call _____
 E-mail _____
 Address _____
 Occupation _____ Male _____ Female _____
 Your personal Physician's name _____ Physician's phone #(_____) _____
 How did you hear about Massage Tuning? _____
 Purposes of Massage (relaxation/addressing an injury) _____
 Description of injury _____
 Specific conditions: _____

Please help me ensure a safe and comfortable massage experience by providing the following information. Check all that apply and explain below:

Depression?	YES	NO	Thyroid issues?	YES	NO
Convulsion?	YES	NO	Varicose veins?	YES	NO
Blood clots	YES	NO	Skin conditions (bruises/ rashes/ acne?)	YES	NO
Cancer?	YES	NO	Fungus?	YES	NO
High/ low blood pressure?	YES	NO	Are you pregnant?	YES	NO
Fibromyalgia/lupus?	YES	NO	Do you bruise easily?	YES	NO
Headaches?	YES	NO	Any broken bones in the past 2 years?	YES	NO
Heart problems?	YES	NO	Any injuries in the past 2 years?	YES	NO
History of strokes?	YES	NO	Do you suffer from back pain?	YES	NO
Immune system deficiencies?	YES	NO	Do you have numbness or stabbing pains?	YES	NO
Infections?	YES	NO	Do you have any allergies?	YES	NO
Insomnia?	YES	NO	Do you have diabetes?	YES	NO
Osteoarthritis?	YES	NO	Do you have any arms/legs swelling?	YES	NO
Osteoporosis?	YES	NO	Are you sensitive to touch or pressure in any area?	Y	N
Pain (joint, muscle, disc, nerve)?	YES	NO	Have you previously had a massage?	YES	NO
Rheumatoid arthritis?	YES	NO			
What kind of pressure do you prefer?	Light	Medium	Firm	Deep	

Comments _____

Please take a moment to carefully read the following information and sign where indicated.

If I have a specific medical condition or specific symptoms, massage/ bodywork may be contraindicated. A referral from my primary care provider may be required prior to service being provided. I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the practitioner, so that the pressure and/ or the 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 ailments that I am aware of. 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 nothing said in the course of the session given should be construed as such. Because massage/ bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known 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 forget to do so. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and will be liable for payment of the scheduled appointment.

Client's Name: _____ Date: _____
 Client's Signature: _____
Consent to Treatment of Minor: By my signature below, I hereby authorize Body Tuning Massage Studio to administer massage or bodywork to my child or dependent as they deem necessary.
 Signature of parent/ guardian: _____ Date: _____