# Client Intake

**Please be aware that all information gathered and topics discussed, as well as any aspect of your treatment will be held in utmost confidence and require written release to be shared at any time.**

**Client name-**_______________________________________________
**Date**_____________
**Occupation** _______________________________________
**Date of birth** ________________
**Address** _________________________________________________________
**Zip** _________
**Phone #** _________________________
**E-mail**_______________________________________
**How did you find us?**____________________________________________________
**Are you currently under a physicians care? Yes No**
**Current medications (drugs, herbs and supplements)**
_______________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
**Daily life activities-**
_____________________________________________________________
________________________________________________________________________
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**Have you received massage before?** _______ **When?**
________________________________
**What are your current goals for massage? What is your commitment to therapy that brings improvement?**
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________________________________________________________________________
________________________________________________________________________
**What did you like/dislike about previous massage? What is your expectation regarding how therapy itself will "feel"?**
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________________________________________________________________________
________________________________________________________________________
**Two areas of discomfort you would like to focus on- (check all that apply)**
**#1 Concern-**
__________________________________________________________________
**Severity- mild ___ moderate ___ severe ___**

**Frequency- constant ___ intermittent ___**
**Symptoms- increase w/activity ___ decrease w/activity ___**
**Changes- getting better ___ getting worse ___ no change ___**
**Treatment received**
**____________________________________________________________**
**Activities limited by condition**
**___________________________________________________**
**#2 Concern-**
**__________________________________________________________________**
**Severity- mild ___ moderate ___ severe ___**
**Frequency- constant ___ intermittent ___**
**Symptoms- increase w/activity ___ decrease w/activity ___**
**Changes- getting better ___ getting worse ___ no change ___**
**Treatment received**
**____________________________________________________________**
**Activities limited by condition**
**___________________________________________________**
**over>Health history Surgeries-**
**___________________________________________________________________**
**________________________________________________________________________**
**________________________________________________________________________**
**Injuries-**
**_____________________________________________________________________**
**________________________________________________________________________**
**________________________________________________________________________**
**Major illnesses________________________________________________________________**
**________________________________________________________________________**
**_______________________________________________________________________**

## <u>Health conditions- (please circle any current and/or previous conditions)</u>

**<u>Muscles and joints</u> Arthritis Osteoporosis Scoliosis**
**Fractures Sprains Strains Bursitis**
**Disc Problems TMJD (jaw joint, ) Other**

**<u>Cardiovascular/ Respiratory</u> Anemia Angina Arteriosclerosis**
**Congestive Heart Failure Heart Attack**
**Heart Disease Hypertension Blood Clots**
**Irregular Heart Beat Varicose Veins**
**Phlebitis Asthma Other**
**<u>Nervous System</u> Concussion Head Injury Stroke**

**Anxiety   Depression   Other**

**<u>Endocrine System  Diabetes </u> Thyroid   Other**

**<u>Skin conditions </u>Abrasions/cuts   Rashes   Other**

**<u>Reproductive</u>   pregnancy (past or present    ) endometriosis**
**hysterectomy other**
**Comments-**

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**Comments-**

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**Comments-**

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**Comments-**

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**I Consent to treatment I affirm that all information I have provided is correct and current to the best of my knowledge. I understand that I will receive therapeutic massage from Jennifer Hellberg  LMT. I hereby give my consent to receive massage for the purpose of maintaining good health and establishing and maintaining good physical condition. I recognize that this in no way constitutes diagnosis or treatment of any condition nor substitutes the advice of medical professionals.**

**I understand that deep tissue, cupping and other therapies may sometimes leave a topical sensation of soreness or even strange looking marks from bringing the blood to the surface and I will ask the therapist if I have more questions about it. I accept that some soreness and my own homecare is part of recovery sometimes after a trauma, auto accident or injury and I will follow homecare advice by the therapist.**

**I will provide 24 hours advance notice of any cancelation or I will pay for the missed appointment in full. I understand that all payments are due at the time of service and that any missed appointments with gift certificate will disallow that gift certificate value for a future appointment.**

**If I am a car accident patient, I understand that if my PIP does not pay for any of my treatments because my PIP is exhausted, an IME was called and the PIP coverage was denied or my PIP is closed for any other reason before paying for my treatment bills, that I will pay for any outstanding bills within a week of the coverage being denied. I will disclose any pertinent information regarding my PIP with Jennifer so we can work together to make sure that there will be no outstanding bills for me to cover.**

**Signature _______________________________________________**
**Date______________**