

WhatKnots Massage & Bodywork Therapy
Confidential Client Intake Form

First Name: _____ Last Name: _____

Address: _____

Date Of Birth: _____ Home Phone #: _____ Cell Phone #: _____

Employer: _____ Occupation: _____

Email: _____ Referred By: _____

Emergency Contact: _____

Name

Relationship

Phone Number

Have you ever had massage therapy? _____

Please check any of the following conditions you currently have and/or have had in the past.

- | | | |
|--|---|--|
| <input type="checkbox"/> Neck/Spine Injury | <input type="checkbox"/> Skin Disorder | <input type="checkbox"/> Allergy to Lotion |
| <input type="checkbox"/> Sciatica/Leg Pain | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Grief Process |
| <input type="checkbox"/> TMJ Syndrome | <input type="checkbox"/> Cold/Flu/Fever | <input type="checkbox"/> Back Pain |
| <input type="checkbox"/> Sports Injuries | <input type="checkbox"/> Liver Ailment | <input type="checkbox"/> Carpal Tunnel |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Kidney Ailment | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> PMS Syndrome |
| <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Pregnancy |

Are you currently under the care of a physician? _____ If "yes" whom? _____

Please list reason(s): _____

Please list any medications taken now or at regular intervals: _____

The above information is accurate and true to the best of my knowledge. I understand that massage therapists do not diagnose disease, prescribe medications, or manipulate bones. I understand that draping will be used at all times. I understand that if I become uncomfortable for any reason that I may ask the therapist to end the massage. I understand that the massage therapist may end the session for any inappropriate behavior. I will be sure to inform the therapist of any changes with my health.

Signature: _____ Date: _____