

Ballston Massage Therapy Intake Form

Personal Information

Name _____ Phone _____ Email _____

Address _____ City/State/Zip _____ DOB _____

Physical activities you participate in _____

How did you hear about us? _____

Medical Information

Are you aware of any medical contraindications to receiving therapeutic massage? yes no

If yes, please explain: _____

Are you currently pregnant? yes no

If yes, how far along? _____

Any high risk factors? _____

Do you suffer from chronic pain? yes no

If yes, please explain _____

What makes it better? _____

What makes it worse? _____

Have you had any orthopedic injuries and/or joint replacements? yes no

If yes, please list: _____

Please indicate any of the following that apply to you.

- | | |
|--|---|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart Attack |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Dysfunction |
| <input type="checkbox"/> Joint Replacement(s) | <input type="checkbox"/> Blood Clots |
| <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Numbness |
| <input type="checkbox"/> Neuropathy | <input type="checkbox"/> Sprains or Strains |

Explain any conditions you have marked above:

Massage Information

Have you had a professional massage before? yes no

What type of massage are you seeking?

- Relaxation Therapeutic/Deep Tissue

Other _____

What pressure do you prefer?

- Light Medium Deep

Do you have any allergies or sensitivities? yes no

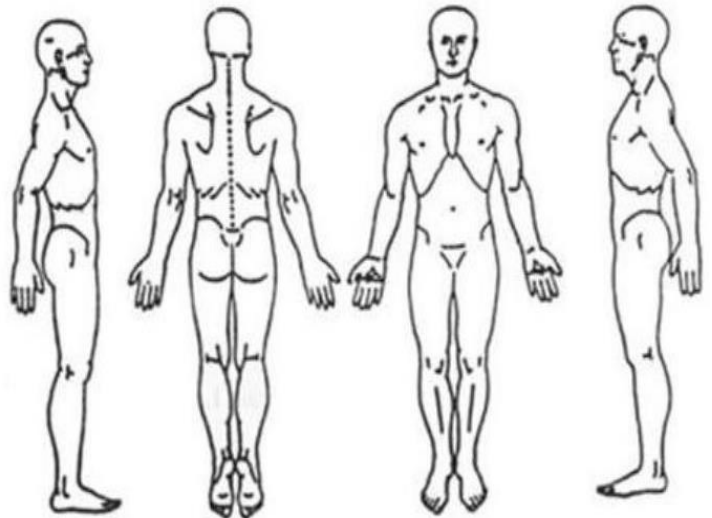
Please explain _____

Are there any areas (feet, face, abdomen, other) you do not want massaged? yes no

If yes, please indicate _____

What are your goals for this treatment session?

Please circle any areas of discomfort:



Are you currently receiving any other type of treatment, Medical, Chiropractic, Acupuncture, or other, for the same focus for which you came today? yes no

If yes, please identify _____

BALLSTON MASSAGE

Informed Consent Agreement

I understand that the massage given to me by George Rovder, LMT, is non-sexual in nature, and is being requested by me for the purpose of (underline all those that apply):

- stress reduction,
 - pain reduction,
 - relief from muscle tension,
 - increasing circulation,
 - specific reasons stated here
-

I understand that the massage therapist does not diagnose illness or disease and does not prescribe medical treatment or pharmaceuticals, nor are spinal manipulations part of massage therapy.

I understand that massage therapy is not a substitute for medical care and that it is recommended that I work with my primary caregiver for any condition I may have.

I have stated all my known physical conditions and medications, and I will keep the massage therapist updated on any changes.

Printed Name: _____

Signature: _____

Date: _____