Client Intake Form

Personal information

Name: _____

Phone number: _____Email:_____

Emergency contact name and number: _____

I agree for my therapist to follow up with me to ensure my satisfaction with my massage experience (please check if yes and circle preferred mode of communication) Call☐ Text☐ Email☐

How did you hear about us? Print advert☐ Internet search☐

Event☐ Recommendation ☐ Other (please specify)☐:_____

Would you like email updates from Lime Green Lotus, e.g. on new services and special offers/discounts? Yes☐ No☐ (if yes, make sure you enter your email above)

The following information will be used to help plan safe and effective massage sessions. Please answer the following questions to the best of your knowledge.

1.) Have you had a professional massage before? Yes No

If so, how often?_____

2.) Do you have any difficulty lying on your front, back or side? Yes No

If so, please explain: _____

3.) Do you have sensitive skin or allergies to oil, lotion, or ointment? Yes No

If so, please explain_____

4.) Do you sit for long hours at work or driving, or perform any repetitive movement in your work, sports, or hobbies? Yes No If so, please describe: _____

5.) Do you experience stress in your work, family or other aspects of your life? Yes No

If so, how do you think it has affected your health? _____

Muscle tension ( ) Anxiety ( ) Irritability ( ) Other ( )

6.) Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort? Yes No If so, please identify: _____

7.) Do you have any particular goals in mind for this massage session? Yes No

If so, please explain: _____

Medical history

8.) Are you currently under medical supervision? Yes No If so, please explain:_____

9.) Do you see a chiropractor? Yes No If so, how often?_____

10.) Are you currently taking any medications? Yes No (particularly Coumadin, Lovenox, Heparin, Plavix, high-dosage aspirin or ginger, pain killers, muscle relaxants)

If so, please list: _____

11.) Do you have (check all that apply):

( ) Phlebitis/Deep vein thrombosis/Blood clot/Varicose veins ( ) Heart condition (pacemaker?) ( ) Joint disorder/Rheumatoid Arthritis/ Osteoarthritis/Tendonitis	( ) Aneurism ( ) High or low blood pressure (controlled?) ( ) Fibromyalgia
( ) Osteoporosis	( ) Easy bruising
( ) Open sores or wounds	( ) Contagious or inflammatory skin condition, cellulitis, boils, skin lesions or abscesses
( ) Current fever, flu, cold or swollen glands	( ) Surgery within the last year or implants within the last nine months (cheek, chin, breast, pectoral, calf)
( ) Recent accident or injury (specify)	( ) Sprain/Strain/Fracture/Break
( ) Artificial joint	( ) Carpal tunnel ( ) Tennis/Golfer's elbow ( ) TMJ
( ) MRSA or other infectious diseases	( ) Cancer (cancer medication?)
( ) Epilepsy	( ) Diabetes
( ) Headaches/Migraines	( ) Pregnancy (which trimester?)
( ) Neuropathy (decreased sensation)	( ) Circulatory disorder
( ) Atherosclerosis	( ) Kidney or liver disorder (including dialysis)
( ) Scoliosis or lordosis; herniated discs (where?)	( ) Lumbar spinal stenosis, spondylitis or spondylolisthesis
( ) Hemorrhoids	( ) Irritable bowel syndrome

12.) Is there anything else about your health history that is important to plan a safe and effective massage session for you and your massage therapist? _____

A parent or legal guardian must accompany clients under the age of 18 and provide informed written consent.

I, _____ understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or stroke may be adjusted to my level of comfort. I further understand that the massage should not be construed as a substitute for medical examination, diagnosis or treatment. I understand that massage therapists are not licensed to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage 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 therapist updated as to any change in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

Signature of client:_____ Date:_____

Signature of massage therapist:_____Date:_____