

Tiny Ninja Massage

Massage Client Intake Form

Personal Information:

Name: _____ Primary Phone: _____
Address: _____
City/State/Zip: _____
Email: _____ D.O.B. _____
Emergency Contact: _____ Phone _____

The following will be used to help plan a safe and effective massage session.

Please answer the questions to the best of your knowledge.

1. How would you rate the current state of health? Excellent Good Fair Poor
2. Are you currently under a doctor's care? If so, explain? _____

3. For women, are you pregnant? Yes No If yes, how far along? _____

4. List other therapies besides conventional medicine in which you are currently participating: _____

5. Are you taking any medication? If so, what? _____

6. List previous accidents, surgeries, or broken bones: _____

7. Are you experiencing any problems with you body? If so, explain: _____

8. Where is the most tension evident in you body? _____
9. Have you experienced massage before? If so, when? _____
10. Do you have any specific goals for our session? _____

You need to know that:

1. I am not a doctor.
2. I do not practice medicine.
3. I do not diagnose or treat for a specific illness.
4. I do not prescribe or adjust medication.
5. Massage is not a substitute for medical treatment, but is a compliment to most types of therapy.

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Medical History (Please mark past or current conditions):

Abscess/Open sore	Epilepsy	Phlebitis
Allergies	Fatigue	PMS/painful menstruation
Anemia	Fibromyalgia	Poor circulation
Anxiety	Headache	Pregnancy
Arthritis	Heart problems	Rheumatoid arthritis
Asthma	Herniated disc	Sciatica
Bursitis	High blood pressure	Seizures
Cancer/Malignancy	HIV/AIDS	Skin sensitivity
Deep Vein Thrombosis	Joint problems	Spinal curvature problems
Depression	Low blood pressure	Stroke
Diabetes	Osteoarthritis	Varicose veins
Easy Bruising	Osteoporosis	

Other _____

I release Tiny Ninja Massage and all practitioners providing massage of liability concerning any and all conditions I, myself, may have. I have provided all my known medical information. I acknowledge that manual therapy is not a substitute for medical diagnosis and treatment. I give my consent to receive treatment.

Signature _____ Date _____

By signing this form, I give my consent to a massage therapy session. I understand that I may discontinue a session or sessions at any time. If I have been diagnosed by a licensed health professional as having any disease, injury, or other physical or mental condition, I understand that I should inform the person who made the diagnosis, about the session I will be receiving, and whether or not I intend to discontinue any treatment or therapy which had been previously ordered, prescribed or recommended by a licensed health professional. I understand that by discontinuing any such treatment or therapy, I assume responsibility for any negative outcome resulting from discontinuing that treatment or therapy.

Signature _____ Date _____

Printed Name _____