

## Client Intake Form

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Would you like to be on our email list for wellness newsletters, upcoming events etc? Y N

How did you hear about InSpire? \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Medical History

Health Conditions: \_\_\_\_\_

Medications Being Taken: \_\_\_\_\_

Please indicate any of the following conditions that you currently have:

- headaches  allergies  arthritis, tendonitis  cancer  TMJ  abnormal skin condition  
 heart/circulation problems  joint surgery  high / low blood pressure  major accident  varicose veins  
 blood clots  neck / back injuries  diabetes  fibromyalgia  numbness  sprains, strains  recent injuries

### Explain Any Conditions You Have Marked Above:

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 the session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment. I understand that massage therapists are not qualified 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 massage therapist updated as to any changes in my medical profile during today's and all future sessions, and understand that there shall be no liability on the massage therapist's part should I fail to do so.

I also understand that the Licensed Massage Therapist reserves the right to refuse to perform massage on anyone whom he/she deems to have a condition for which massage is contraindicated.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_