Massage Therapy Intake Form

Name: ____ Phone: ______________________________

Street Address: ____

City: _________________________________ State:_____ Zip:_________ Birth Date: ____________________

E-Mail:____ Occupation: _______________________________

Would you like e-mailed reminders for future appointments? **YES** **NO**

Have you ever had a professional massage? **YES** **NO**

Please list any medications you take: ____

____

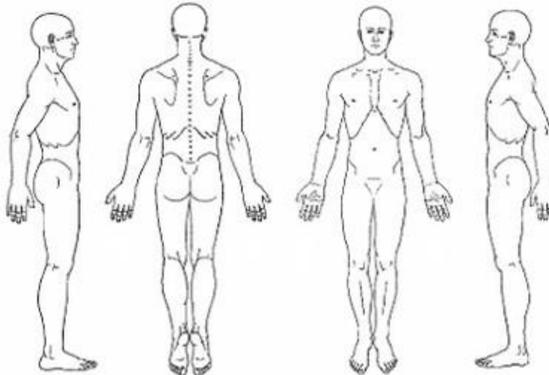
What is your main complaint? ____

Please check any of the following that apply to you:

___asthma	___arthritis	___headaches	___diabetes
___dizziness	___cancer	___varicose veins	___pacemaker
___depression	___epilepsy	___bruising tendency	___high/low blood pressure
___skin trouble	___pregnancy	___allergies	

___ Other: ____

Mark any areas of discomfort:



How did you hear about Northern Rehab massage therapy services?

___ Physician	___ Family/Friend ________________	___ Newspaper	___ Previous Patient
___ Yellow pages	___ Saw us at an Event ____________	___ Internet Search	___ Drive-by

I have completed this health form to the best of my knowledge and will inform my Massage Therapist of any changes that occur. I understand that the massage therapy that I am given is for the purpose of stress reduction, relief from muscular tension, and/or improving circulation. I understand that a Massage Therapist does not diagnose illness, disease or any other medical, physical or mental disorders. This therapy does not take the place of a physician's care when indicated. I agree to give at least a 12 hour notice for a scheduled appointment that I will not be able to keep, unless I have an emergency. I understand that I am responsible for payment at the time of service. I understand that I should consult with my Health Savings Account or Flexible Spending Account plan administrator if I choose to use that account for this service. I consent to allow NRSMA's Massage Therapist to provide massage therapy treatment procedures.

Signature: ____ Date: ____________________

Signature of Massage Therapist: ___________________________________ Date: ____________________