Client # ________

Cynthia Adams LMT
MA25258

Confidential Health Intake Form

Today's date ________________

Name ____ Date of Birth ______________________

Street Address/Apt Number ____

City_________________ State_____ Zip________ Contact Phone Number___________________

Emergency Contact ____

Occupation/employer ____

Email Address ____

Referred by ____

Medical History and Information

Check any or all that apply to your present health:

___ headaches	___chronic pain	___varicose veins
___ vision problems	___muscle or joint pain	___blood clots
___ sinus problems	___numbness/tingling	___high/low blood pressure
___ jaw pain/teeth grinding	___sprains/strains	___diabetes
___ fatigue	___scoliosis	___cancer/tumors
___ depression	___arthritis	___infectious disease
___ sleep difficulties	___tendonitis	___skin problems

Women only: ___Pregnant___Months

List all medications and their purpose:

____

____

____

List any recent injuries, illnesses, surgeries, accidents and their details:

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____

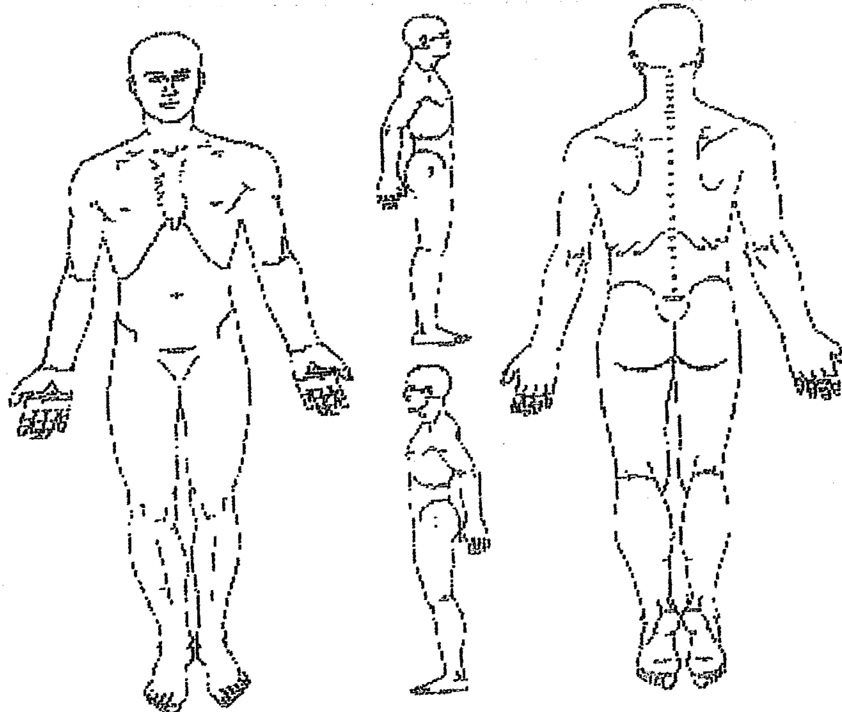
____

Where do you feel the most tension?____

What seems to aggravate the condition the most?______________________________

What do you want to get out of your session (s)?______________________________

Please circle areas of pain or discomfort:



- I understand that massage therapy and bodywork are for the purposes of stress reduction, general relaxation, relief from muscular tension and spasm, increase flexibility and range of motion and improvement of circulation and energy flow.
- I understand that the bodywork practitioner does not diagnose illness, disease, or any other physical or mental disorder. The practitioner does not prescribe medical treatment or pharmaceuticals, nor does she perform any spinal manipulations.
- I realize it is solely my responsibility to keep the bodywork practitioner updated on any changes in my physical health and I understand that the practitioner shall not be liable should I fail to do so.
- I understand that all massage therapy and bodywork offered is strictly non-sexual.

Signature of Client________________________________ Date______________