MASSAGE INTAKE

www.yourhealth-simplified.com
Phone (269) 280-6010

TODAY'S DATE: ____/____/____ PHONE:(____)_____-________

NAME: (please print clearly) ____

ADDRESS:____

EMAIL: ____

BIRTH DATE:____/____/____

Please mark an (X) by all conditions and (P) for past conditions:

_____Abdominal/digestive
_____Allergies
_____Anxiety
_____Arthritis/Tendonitis
_____Asthma/Lung Cond.
_____Athletes Foot
_____Blood Clots
_____Cancer
_____Chronic Pain
_____Circulatory/heart
_____Constipation/diarrhea
_____Depression/Anxiety
_____Diabetes
_____Fatigue
_____Headaches/Migraines
_____Hearing Problems
_____Hernia
_____High/low BP
_____Immune System
_____Jaw pain/TMJ
_____Muscle/Bone Injury
_____Swollen/Painful Joints
_____Spinal disorder
_____Tension/Stress
_____Varicose Vein
_____Other
____

Please elaborate on the areas above:____
____
____

CURRENT MEDICATION(S)

Name:	**For What?**	**How long taking it?**
______________________ -	______________________ -	__________________
______________________ -	______________________ -	__________________
______________________ -	______________________ -	__________________

Please list any herbs, vitamins, mineral or other supplements you take:____

____

Surgeries:____

____

Are you comfortable with massage in these areas?

***Please mark Yes or No**

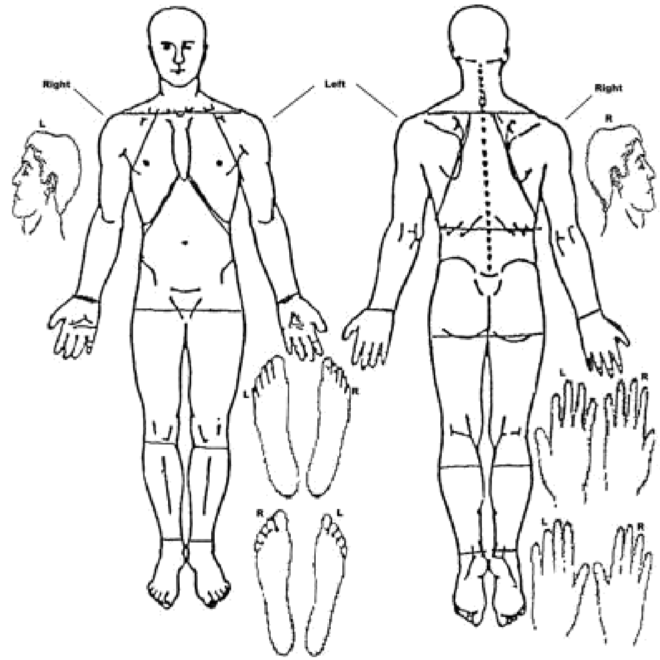
____Glutes ____Abdomen ____Scalp ____Face ____Feet

Circle the problem area on the diagram located at the right. Please use the letters provided to identify the symptoms you are feeling today.

P=Pain or Tenderness

S=Joint/Muscle Stiffness

N=Numbness or Tingling



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IMPORTANT: I have stated all conditions that I am aware of and this information is true and accurate to the best of my knowledge. I will inform my health care provider and naturopathic bodyworker if anything changes in my status. I understand that the massage I receive is for the purpose of stress reduction and the relief from muscular tension, spasm, or pain and to increase circulation. If I experience any pain or discomfort, I will immediately inform my naturopathic bodyworker so that the pressure and/or methods can be adjusted to my comfort level. I understand that my naturopathic bodyworker does not diagnose illness or disease, nor perform any spinal manipulations, and does not prescribe any medications, treatments. I acknowledge that bodywork is not a substitute for medical examination or diagnosis and that I should see my health care provider for those services. If I am unable to attend my schedule appointment, I will respect and abide by the set cancellation policies. Sexual advances, requests for sexual favors, and other verbal or physical conduct of sexual nature will constitute as sexual harassment and will not be tolerated. I understand that I am receiving that therapy at my own risk. In the event I become injured either directly or indirectly as a result, in whole or in part, of the aforesaid massage I hereby hold harmless and indemnify Health Simplified LLC, the therapist, their principals, and agents from all claims and liability whatsoever.

____ ____/_____/_____

Signature Date