Knots Kneading Massage Client Intake

Name _____ **Date** / /20

Address _____ **DOB** / /

_____ **Phone** _____

Primary Physician/Chiropractor _____ **Alt Phone** _____

Medications: _____ **Allergies*** _____

Emergency Contact: _____ **EC Phone** _____

Email Address: _____

PLACE A ☑ IN THE BOX NEXT TO ANY CONDITIONS THAT APPLY, PAST AND PRESENT. *IF PRESENT MARK WITH A "P"*

- ☐ Headaches
- ☐ Joint Stiffness/Swelling
- ☐ Spasms/Cramps
- ☐ Strains/Sprains
- ☐ Broken Bones
- ☐ Back/Hip Pain
- ☐ Shoulder/Neck/Arm/Hand Pain
- ☐ Leg/Knee/Ankle/Foot Pain
- ☐ Chest/Ribs/Abdominal Pain
- ☐ Jaw Pain/TMJ/Head Pain
- ☐ Tendonitis/Tendonosis
- ☐ Bursitis
- ☐ Osteoporosis
- ☐ Scoliosis
- ☐ Bone or Joint Disease
- ☐ Arthritis

Circulatory/Respiratory

- ☐ Dizziness
- ☐ Short of Breath
- ☐ Fainting
- ☐ Cold Hands/Feet
- ☐ Lymph edema
- ☐ Swollen Ankles
- ☐ Varicose Veins
- ☐ Blood Clots
- ☐ Stroke
- ☐ Heart Condition
- ☐ Sinus Problems
- ☐ Asthma
- ☐ High Blood Pressure
- ☐ Low Blood Pressure
- ☐ Rashes
- ☐ Athletes Foot
- ☐ Cholesterol

Digestive

- ☐ Nervous Stomach
- ☐ Indigestion
- ☐ Constipation
- ☐ Diarrhea
- ☐ IBS
- ☐ Acid Reflux

Reproductive

- ☐ Pregnant
- ☐ Menopause

Nervous System

- ☐ Numbness/Tingling
- ☐ Twitching of Face
- ☐ Fatigue
- ☐ Chronic Pain
- ☐ Sleep Disorders
- ☐ Ulcers
- ☐ Paralysis
- ☐ Herpes/Shingles
- ☐ Cerebral Palsy
- ☐ Epilepsy
- ☐ Chronic Fatigue Syndrome
- ☐ Multiple Sclerosis
- ☐ Muscular Dystrophy
- ☐ Parkinson's
- ☐ Spinal Cord Injury
- ☐ Herniated/Slipped Disc
- ☐ Depression
- ☐ Difficulty Concentrating
- ☐ Confusion

Other Conditions

- ☐ Loss of Appetite
- ☐ Drug Use _____
- ☐ Alcohol Use _____
- ☐ Nicotine Use
- ☐ Caffeine Use
- ☐ Daily Water Intake _____
- ☐ Hearing Impaired
- ☐ Diabetes
- ☐ Fibromyalgia
- ☐ Cancer
- ☐ Infectious Disease
- ☐ Surgeries _____
- ☐ Cosmetic Surgery
- ☐ Accidents (Auto/other) _____

Conditions Not Listed

_____

_____

_____

_____

_____

_____

_____

Massage Goals

_____

_____

_____

_____

_____

Client Signature _____

Whom may I thank for referring you to Knots Kneading Massage? _____

*Allergies should include any sensitivity to plants, scents, foods

Rev 02/11/12

Intake Notes

Weekly Exercise

Revelations provided after initial intake