

Brilliant Bodywork

Massage Therapy Intake

Name _____ Phone (Home) _____ Phone (Mobile) _____

Address _____ City _____ Zip _____

Email _____ Date of Birth _____ Occupation _____

Emergency Contact _____ Phone _____

How did you learn about Brilliant Bodywork? _____

The following information will be used to help plan safe and effective massage sessions. Please answer the questions to the best of your knowledge.

1. Have you had a professional massage before? Yes No If so, when? _____
2. Do you have difficulty lying on your front, back or side? _____
3. Do you have ANY known allergies/sensitivities? _____
4. Do you have sensitive skin? _____
5. Are you wearing contact lenses, dentures or hearing aid? (Check those that apply.)
6. Do you sit for long hours at a workstation, computer or driving? _____
7. Do you perform any repetitive movement in your work, sports or hobby? _____
8. Do you experience stress in your work, family or other aspect of your life? _____
9. Muscle Tension, Anxiety, Insomnia, Irritability or other: _____
10. Is there a particular area where you are experiencing tension, stiffness, pain or other discomfort (diagram on back)?

11. Are you currently under medical supervision? _____
12. Do you see a chiropractor? If so how often? _____
13. Are you currently taking any medication? _____
14. Please Check any conditions that apply to you: contagious skin conditions, open sores or wounds, easy bruising, recent accident or injury, recent fracture, recent surgery, artificial joint, sprains/strains, current fever, swollen glands, allergies/sensitivities, heart condition, high or low blood pressure, circulatory disorder, varicose veins, atherosclerosis, phlebitis, deep vein thrombosis/blood clots, joint disorder rheumatoid arthritis osteoarthritis/ tendonitis osteoporosis, epilepsy headaches/tension/migraines, cancer diabetes decreased sensation, back/neck problems, fibromyalgia, TMJ, carpal tunnel syndrome, tennis elbow, pregnancy, accutane, retin a, or pacemaker.
15. Is there anything else about your health history that you think would be useful for your massage practitioner to know about? _____

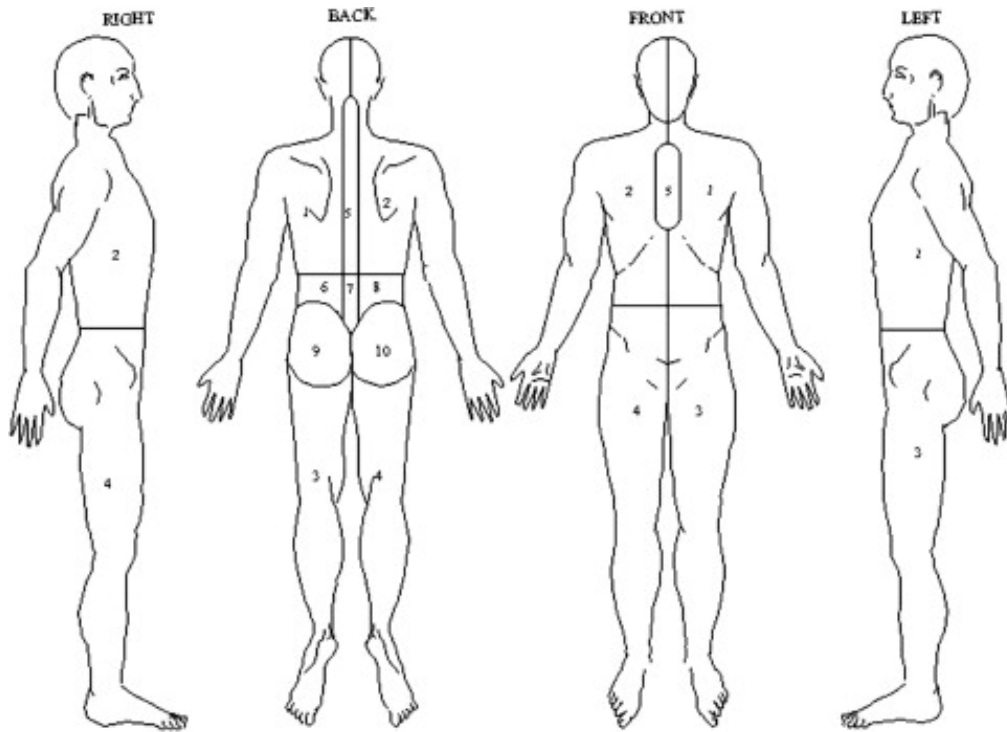
Draping will be used during the session, only the area being worked on will be uncovered. Clients under the age of 18 must be accompanied by a parent or legal guardian during the entire session or have written consent.

I, _____ (print name) understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience pain or discomfort during this session, I will immediately inform the therapist so that the pressure 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 and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapist 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 therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist part if I fail to do so.

Signature of Client _____ Date _____

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Please mark particular area where you are experiencing tension, stiffness, pain or other discomfort:



For Brilliant Bodywork Use Only

Massage intake reviewed with guest by _____ on Date _____

Special Notes
