

Karel Costa-Armas, LMT - AthleteMassage.com
CONFIDENTIAL CLIENT INTAKE FORM

In order to maximize the effectiveness and safety of massage sessions together, please take the time to carefully fill out this form. The information will be treated confidentially. Your feedback is appreciated during and at the end of each session to help in structuring the massage sessions. This is to serve you in the best possible way.

I encourage you to advise me of any discomfort or pain during the sessions. Everyone has different massage expectations and pain thresholds, therefore please make me aware of any issues before, during, and or after the session.

NAME: _____ **DATE OF VISIT:** _____

ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

DATE OF BIRTH: _____ **MOBILE PHONE:** _____

****** E-MAIL:** _____ ********

OCCUPATION: _____

Have you ever received a professional massage before? Yes No

Are you pregnant ? Yes No

What is your goal/ concern for today's session? _____

Do you experience any difficulty lying on your front or back? Yes No

You must inform me of any and all medical illnesses or procedures you have undergone. Massage is very helpful but is sometimes not recommended if certain conditions are present. Circle any of the following symptoms or illnesses that apply:

Low back pain	tight shoulder	stiff neck	joint pain	Lordosis
TMJ pain	Surgery	Cancer	HIV / Aids	Scoliosis
Parkinson's	Insomnia	Hernia	Arthritis	Kyphosis
Allergies	Asthma	Varicose veins	Skin Disorders	
Open sores	Easy Bruising	Ulcers	Poor circulation	
Constipation	Tuberculosis	Hepatitis	Thyroid Disease	
Heart Disease	Low BP	High BP	Stroke	
Stress	Seizure	Recent Injury	Herniated disc(s)	
Depression	Dizziness	Feet/ Hand pain	Diabetes	

I have been truthful in answering this questionnaire. I agree to call the massage therapist 24 hours in advance if I should ever have to cancel an appointment. I agree to inform the massage therapist of any difficulties that may have occurred during the massage.

Sign _____ date _____