

# HealthWorks Medical Intake Form

Please take a moment to complete the following questions. Your answers will ensure a safe and comfortable massage session for you. All information is confidential.

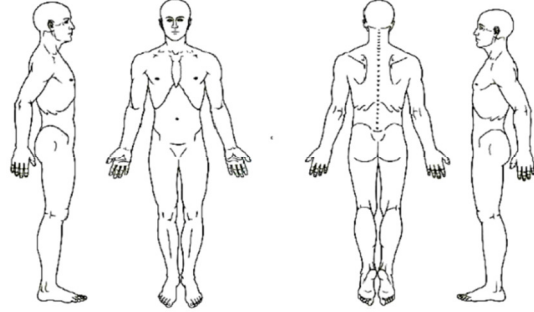
Name \_\_\_\_\_ Preferred contact method? phone, text, email, \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Is it ok for me to work on your hips and gluts? Yes No

Mark any areas that you want worked on specifically.



Do you have any of the following?

- Boils, skin lesions or abscesses
- TB, thrombosis, or aneurism
- Kidney or liver disorder (including dialysis)
- Any acute inflammatory conditions (such as phlebitis or cellulitis)
- Fever
- Herniated disc (where? \_\_\_\_\_)
- Varicose veins
- Scoliosis or lordosis
- Uncontrolled high blood pressure
- Lumbar spinal stenosis, spondylitis, or spondylolisthesis
- IBS
- Hemorrhoids
- Have you had any surgery within the last year?
- Have you had any implants within the last 9 months? (cheek, chin, breast, pectoral, calf, etc.)

Are you taking any of the following?

- Coumadin, Lovenox, Heparin, Plavix
- High dosage of aspirin or ginger
- Any type of cancer medication
- Any type of pain killers (what? \_\_\_\_\_)
- Any muscle relaxants (what? \_\_\_\_\_)
- Are you pregnant or trying to conceive?

Please read the following and sign below

1. I understand that this massage is not a replacement for medical care and that no diagnosis will be made.
2. The therapist will incorporate Raindrop, facial, body brushing, Swedish, deep tissue, prenatal, Ashiatsu techniques as requested. (Circle techniques requested.)
3. Full body technique will be utilized during a massage unless specified above.
4. No breast massage will be performed on female clients.
5. Draping will be utilized throughout the massage.
6. If uncomfortable for any reason, I may ask the therapist to cease and massage and the therapist will end the session. Asking the therapist to adjust the pressure being used is not a request to end the session.

I do understand and agree to the terms as stated above.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Therapist Signature \_\_\_\_\_ License 122287 Date \_\_\_\_\_