



### Personal Information

\_\_\_\_\_  
Name date of birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
City state zip

\_\_\_\_\_  
Home phone cell phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Referred by

\_\_\_\_\_  
Emergency Contact name/relationship & emergency contact #

### Massage Experience

Have you had a professional massage before?  
 YES  NO

Frequency of Massages? \_\_\_\_\_

What are your goals for treatment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please use this key to mark the person on the RIGHT ---->

CIRCLE ○ = WORK ON

✘ = DO NOT TOUCH

### Current Health

Reason for visit: \_\_\_\_\_  
\_\_\_\_\_

Do you exercise regularly and/or participate in any sports?  
 YES  NO

If yes, what kind of exercise/sports? \_\_\_\_\_  
\_\_\_\_\_

Do you perform any repetitive movement in your work, sports, or hobbies?  YES  NO

If yes, describe \_\_\_\_\_  
\_\_\_\_\_

Do you sit for long hours at a workstation, computer, or driving?  YES  NO

If yes, describe \_\_\_\_\_  
\_\_\_\_\_

Do you experience stress in your work, family, or other aspects of life?  YES  NO

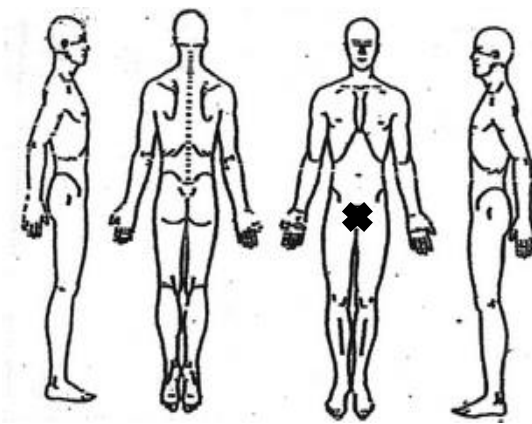
If yes, describe \_\_\_\_\_  
\_\_\_\_\_

Are you experiencing tension, stiffness, discomfort, or pain?  YES  NO If yes, describe \_\_\_\_\_  
\_\_\_\_\_

Have you recently had an injury, surgery, or areas of inflammation?  YES  NO

If yes, describe \_\_\_\_\_  
\_\_\_\_\_

Do you have sensitive skin?  YES  NO





**JEN CHAN**  
—MASSAGE—

# Client Intake Form

[www.JenChanMassage.com](http://www.JenChanMassage.com)

## HEALTH HISTORY:

**\*\* IF YOU ARE VEGAN, PLEASE LET ME KNOW\*\***

- Musculoskeletal-
- Bone/Joint Disease
- Artificial Bone/Joint
- Tendonitis/Bursitis
- Arthritis/Gout
- Jaw Pain (TMJ)
- Lupus
- Fibromyalgia
- Spinal Problems
- Osteoporosis
- Carpel Tunnel Syndrome
- Tennis Elbow

- Respiratory-
- Breathing Difficulty
- Emphysema
- Sinus Problems
- Nervous System-
- Shingles
- Numbness/Tingling
- Pinched Nerve
- Chronic Pain
- Paralysis
- Multiple Sclerosis (MS)
- Parkinson's Disease

- Skin-
- Open Wounds
- Rashes
- Cosmetic Surgery
- Athlete's Foot
- Herpes/Cold Sores
- Bruise Easily
- Psoriasis

- Other-
- PTSD
- Cancer/Tumors
- Diabetes
- Contact Lenses
- Dentures
- Hearing Aids
- Surgeries
- Car Accidents
- Epilepsy
- Headache/Migraine

- Circulatory-
- Heart Condition
- Low/High Blood Pressure
- Phlebitis/Varicose Veins
- Blood Clots
- Lymphedema
- Thrombosis (DVT)/Embolism

- Reproductive-
- Pregnant, stage \_\_\_\_\_
- Ovarian/Menstrual Problems
- Prostate

- Digestive-
- Irritable Bowel Syndrome (IBS)
- Bladder/Kidney Ailment
- Colitis
- Crohns Disease
- Ulcers

- Psychological-
- Anxiety/Stress
- Depression

Any other medical condition(s)/ALLERGIES not listed? Please also list medications currently on:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Client Agreement

I am aware of the benefits and risks of massage and give my consent for massage. I understand that there is no implied or stated guarantee of success of effectiveness of individual techniques or series of appointments. I acknowledge that massage therapy is not a substitute for medical care, medical examination or diagnosis. Any information provided by the massage therapist is for educational purposes only. I have stated all medical conditions that I am aware of and will inform the massage therapist of any changes in my health status. I, the client, or the massage therapist may discontinue the treatment at any time for any reason. I am aware that this is a non-sexual professional massage. I am aware the 24 hour cancellation policy is on the website [www.JenChanMassage.com](http://www.JenChanMassage.com). Lastly, I hereby waive and release Jennifer Chan LMT, BCTMB from any and all liability, past, present, and future, relating to massage therapy and bodywork [including massage with CHABA \_\_\_\_\_ {initial & date}].

Client/(Guardian)Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_