



Client Intake Form

www.JenChanMassage.com

Personal Information

Name _____ date of birth _____

Address _____

City _____ state _____ zip _____

Home phone _____ cell phone _____

Email _____

Occupation _____

Employer _____

Referred by _____

Emergency Contact name/relationship & contact # _____

Massage Experience

Have you had a professional massage before? YES NO

Frequency of Massages? _____

What are your goals for treatment? _____

Use this key to mark the person on the RIGHT ----->

CIRCLE ○ = WORK ON

X = DO NOT TOUCH

Current Health

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 _____

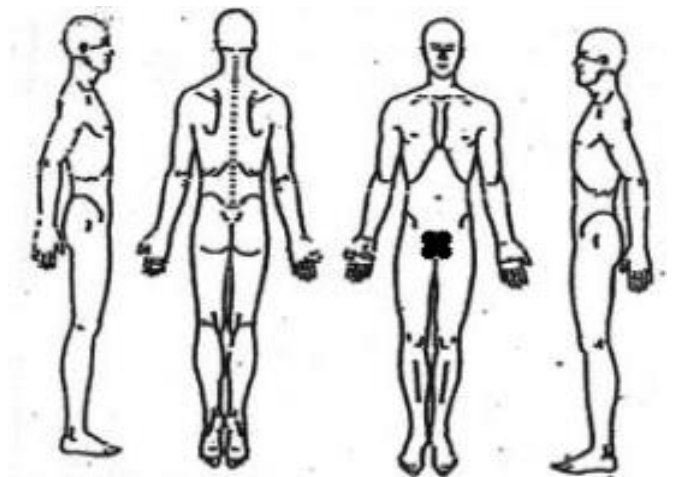
Are you experiencing tension, stiffness, discomfort, or pain?

YES NO If yes, describe _____

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

If yes, describe _____

Sensitive skin? YES NO





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

HEALTH HISTORY:

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

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

- Respiratory-
- ___ Breathing Difficulty
- ___ Emphysema
- ___ Sinus Problems

- Nervous System-
- ___ Shingles
- ___ Numbness/Tingling
- ___ Pinched Nerve
- ___ Chronic Pain
- ___ Paralysis
- ___ Multiple Sclerosis (MS)
- ___ Parkinson's Disease

- Reproductive-
- ___ Pregnant, stage ___
- ___ Ovarian/Menstrual Problems
- ___ Prostate

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

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

- Psychological-
- ___ Anxiety/Stress
- ___ Depression

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

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 treat 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. 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 topicals _____ {initial & date}, & cupping _____ {initial & date}.

Client/(Guardian)Signature: _____

Printed Name: _____ Date: _____