Olympic Peninsula Massage
Monica Henry, LMP

Client Intake Form

_____
Date

Personal Information

Name _____ Email_____

Phone _____ Is it okay to leave messages at this number? _____ Date of Birth _____

Address _____City _____State _____ Zip _____

Do NOT contact me through: _____Emergency Contact & Phone _____

The following information will be used to help plan safe and effective massage sessions.

1. Have you had a professional massage before? Yes ☐ No ☐ If yes, type & frequency _____
2. Do you have any difficulty lying on your front, back, or side? Yes ☐ No ☐ If yes, which? _____
3. Do you have any allergies or reactions to any oils or lotions? Yes ☐ No ☐ If yes, type? _____
4. Do you have sensitive skin? Yes ☐ No ☐ Do you bruise easily? Yes ☐ No ☐
5. Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort and do you have any particular goals in mind for this massage session? Yes ☐ No ☐
   If yes, please describe _____

Medical History

1. Are you currently under medical supervision for any health condition? Yes ☐ No ☐
   If yes, please explain _____
2. Do you see a chiropractor? Yes ☐ No ☐ If yes, how often & for what? _____
3. Are you currently taking any medication? Yes ☐ No ☐
   If yes, please list: _____
4. Have you recently had an injury, surgery or areas of inflammation? Yes ☐ No ☐
   If yes, please describe: _____
5. Are you currently pregnant and, if so, how many months? _____ Any complications? _____
6. Please check any condition listed below that applies to you. Please Mark "C" for current and "P" for past

Allergies/Sensitivity	Chron's Disease	Gout
Artificial Joint	Circulatory Disorder	Headaches/Migraines
Asthma/Difficulty Breathing	Contagious Skin Infection	Heart Conditions
Atherosclerosis	Decreased Sensation	Herpes/Cold Sores
Blood Clots	Diabetes	High or Low Blood Pressure
Bladder/Kidney infection	Emphysema	Irritable Bowel Syndrome
Cancer/Tumors	Epilepsy	Lupus
Carpal Tunnel Syndrome	Fever (current)	Lymphedema
Chronic Fatigue Syndrome	Fibromyalgia	Multiple Sclerosis
Chronic Pain	Fungal Infection	Numbness/Tingling
Open Sores or Wounds	Rashes	Swollen Glands
Osteoarthritis	Recent Accident / Injury	Tendonitis/Bursitis
Osteoporosis	Recent Surgery	Tennis / Golfer's Elbow
Ovarian/Menstrual Problems	Rheumatoid Arthritis	Thrombosis / Embolism
Paralysis	Shingles	TMJ Disorder
Parkinson's Disease	Sinus Problems	Ulcers
Phlebitis	Sprains/Strains	Varicose Veins
Pinched Nerve	Stroke	Warts

Turn over to complete back page

Please explain any condition that you have marked on the previous page:

_____
_____
_____
_____

7. Is there anything else about your health history that you think would be useful for your massage practitioner to know to plan a safe and effective massage session for you? _____
_____
_____
_____
_____

Client Agreement

It is my choice to receive massage therapy. 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. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and will inform my practitioner of any changes in my health status. I also understand that the Licensed Massage Therapy reserves the right to refuse to perform massage on anyone whom she deems to have a condition for which massage is contraindicated. If I experience any pain or discomfort during this massage session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort.

I understand that the Olympic Peninsula Massage Client Policies are available at olympicpeninsulamassage.com and that a printed copy of the policies will be provided upon request.

Signature of client _____ Date _____

Signature of parent/guardian (if under 18)_____ Date _____

Signature of Massage Therapist _____ Date _____