Naturally Optimal – Medical Nutrition, Massage & Bodywork

Client Massage Intake & Informed Consent Form

(Please Print)				Intake Date:
CLIENT INFORMATION				
Name:	First:	Middle:	Marital status: Single ☐	Married ☐
Street address:			Birth date:	Sex: ☐ M ☐ F
City:	State:	ZIP Code:	Occupation:	Work phone no.: ( )
Home phone no.: ( )	Cell phone no.: ( )	Email:		
REFERRAL INFORMATION				
☐ Dr. or allied professional	Name:		Professional Phone: ( )	
☐ Family ☐ Friend	☐ Close to home/work	☐ Yellow Pages	☐ Other	
EMERGENCY CONTACT				
Contact in case of emergency:	Relationship to patient:	Home phone no.: ( )	Work/cell phone no.: ( )	

GENERAL & MEDICAL INFORMATION

Please take a moment to carefully check any recent or current condition & sign where indicated. If you have a specific medical condition or symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

Musculo-Skeletal	**Skin**	**Reproductive System**
☐ Headaches	☐ Rashes	☐ Pregnancy
☐ Joint Stiffness/Swelling/Inflammation/Herniation	☐ Athlete's Foot	☐ Current, months along
☐ Frequent Spasms/Cramps	☐ Warts	☐ Previous
☐ Recent Break/Fracture/Sprain/Strain	☐ Moles	☐ PMS
☐ Problems Walking/Sitting/Standing/Lying	☐ Acne	☐ Pelvic Inflammatory Disease
☐ Jaw pain/TMJ	☐ Cosmetic Surgery	☐ Endometriosis
☐ Tendonitis/ Bursitis	☐ Infectious Skin Disease	☐ Fertility Problems
☐ Arthritis		☐ Hysterectomy
☐ Osteoporosis/Osteopenia	**Digestive**	☐ Menopause
☐ Scoliosis	☐ Stomach problems	☐ Prostate problems
☐ Fibromyalgia	☐ Digestive Problems	
☐ Bone/Joint Disease	☐ Diverticulitis	**Other**
☐ Artificial or supportive joints, rods, etc…	☐ Irritable Bowel Syndrome	☐ Diabetes, type:
☐ Currently in Pain	☐ Crohn's Disease	☐ Cancer, type:
	☐ Colitis	☐ Hernia, other type:
Circulatory & Respiratory	☐ Hernia	☐ Urinary Problems, list:
☐ Dizziness		☐ Hearing Problems
☐ Shortness of breath	**Nervous System**	☐ Vision Problems
☐ Cold hands/feet	☐ Numbness/tingling	☐ Depression or Psychiatric Condition
☐ Cold sweats	☐ Twitching	☐ Wear Contacts or Dentures
☐ Swollen ankles	☐ Restless leg	☐ Recreational Drugs
☐ Pressure sores	☐ Chronic Pain	☐ Alcohol Use
☐ Varicose veins	☐ Sleep disorders	☐ Caffeine Use
☐ Blood clots	☐ Paralysis	☐ Infectious Disease (list):
☐ Stroke	☐ Cerebral Palsy	
☐ Heart condition	☐ Epilepsy	☐ Other congenital or acquired disability (list):
☐ Sinus Problems	☐ Shingles/Herpes	
☐ Asthma	☐ Multiple Sclerosis	☐ Recent Surgery/Accident (list):
☐ High Blood Pressure	☐ Muscular Dystrophy	
☐ Low Blood Pressure	☐ Parkinson's Disease	☐ Active in a Sport, list:
☐ Lymphedema	☐ Spinal Cord Injury	☐ Other Important Medical Info:
☐ Bruise Easily	☐ Nerve Damage	

☐ Medications/Allergies (list):

Naturally Optimal – Medical Nutrition, Massage & Bodywork

Client Massage Intake & Informed Consent Form

I understand that the massage/bodywork is a science and healing art that uses manual actions to palpate and manipulate soft tissues of the body in order to improve circulation, reduce tension, relieve soft tissue pain, and increase flexibility. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment; and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment that I may have. Nothing said by the practitioner in the course of the session should be construed as medical advice. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure may be adjusted to my comfort level. I affirm that I have stated all my known medical conditions, and have answered all questions honestly. I agree to keep the practitioner updated on any changes in my medical profile, and I understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. I understand that 24-hour cancellation notice is required for any cancellation. I realize I will be charged full price for missed appointments. If I am late for an appointment, I understand that I will receive as much massage/bodywork as will fit into the remaining time.

Client/Guardian Signature:	Intake Date:
Practitioner Signature:	Intake Date:

MASSAGE GOALS & OBJECTIVES

Have you had a massage before? ☐ yes ☐ no	Primary goals of session:

Please mark diagram according to below code:

- **P** Pain
- **X** Tight Area
- **O** Motion Restriction Area
- **T** Ticklish Area