

Massage Intake Form

Name _____

Address _____

Phone _____ Email _____

Birthday _____ Referred By: _____

What would you like help with today? _____

Present physical complaints: _____

List any medications, herbal medicines, supplements, or over the counter medications you are presently taking:

Occupation _____ Do you enjoy your job? _____

Circle posture assumed most of the day:

Standing/Stationary Standing/Moving Sitting/Computer Sitting/Driving

Have you had a professional massage before? Yes or No

Anything you really liked or disliked about your previous massages? _____

Exercise (type & how often?) _____

Rate your general energy level (1-10) _____ Rate your stress level (1-10) _____

Where are you feeling tension today? _____

Surgical history (please include date): _____

Are you currently under medical supervision? Yes or No If yes, for what condition? _____

Other medical or emotional issues you'd like me to be aware of: _____

PRENATAL MASSAGE

Expected due date: _____ Currently in pregnancy week: _____

Name of your Doctor or Midwife: _____

Are you seeing a doctor/midwife regularly? YES or NO Date of last visit: _____

How are you feeling physically and emotionally? _____

Have you had any problems/complications or been at high risk in this pregnancy? Y or N

If yes, please explain _____

If this is not your first pregnancy, how were your previous pregnancies and births? _____

How many pregnancies? ____ Number of deliveries: Vaginal ____ C-Section ____

Any complications? _____

Any problems post-partum? _____

Have you had any miscarriages? ____ If so, when? _____

Have you had a prenatal massage before? Y or N Date of last prenatal massage _____

Anything you really liked/disliked about it? _____

Birth Preparation

Where are you planning on delivering your baby? _____

Have you taken child birth classes? _____

Do you have any fears or concerns about delivery or postpartum that you would like to address and get resources for today? _____

Would you like information and resources for breastfeeding support? _____
