

INTAKE / CLIENT HISTORY FORM

Name _____ Date of Birth _____
Address _____
City _____ State _____ Zip Code _____
Home Ph _____ Cell Ph _____ Email _____
Occupation _____ Referred by _____

Do you currently have or have had in the past the following conditions in any form, Please circle and explain below.

Stress	Back Pain
Sensitivity or allergy to heat	Epilepsy or Seizures
Blood Clots	Open wounds, lesions, rashes, or infections
Headaches/Migraines	Skin problems/Irritations
Currently pregnant or lactating	Broken bones in the past 2 years
Arthritis	Have you recently had surgery
High Blood Pressure	Varicose Veins
Allergies	Cancer (Lymph Nodes Removed)
Recent Surgery (within the last 12 months)	

Primary Massage Goals _____

Circle the area(s) that you would like me to work on today.

NECK / SHOULDERS

BACK (Upper/Mid/Lower)

HANDS/ARMS

LEGS/FEET

HIPS

OR FULL BODY MASSAGE

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this and future sessions, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. 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 am aware of. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and have answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the Lonnie R Winters, LMT or L Massage's part should I fail to do so. Cancellation policy: Less than 12 hour notice will result in a charge equal to 50% of the reserved service amount. No Shows will be charged 100% of the reserved service amount.

Signature _____ Date _____

