

# **Mudra Massage**

## **Confidential Health Intake Form**

Name \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Email: \_\_\_\_\_ Birth date: \_\_\_\_\_ Today's Date: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### **General Questions:**

How are you feeling today? (emotionally, physically?)

Have you ever received a professional massage before? \_\_\_\_\_ If so, how long ago?

What end result would you like from your treatment today?

What level of pressure do you prefer? \_\_\_\_\_ Light \_\_\_\_\_ Medium \_\_\_\_\_ Deep

Any areas you would like special attention?

Any areas you would like massage avoided?

Are you allergic or sensitive to any creams or oils?

### **Occupational Questions:**

What is your main activity at work? Phone \_\_\_\_\_ Sitting \_\_\_\_\_ Computer \_\_\_\_\_ Labor \_\_\_\_\_ Driving \_\_\_\_\_

What seems to aggravate the condition?

What seems to help the condition?

Are you right or left handed?

What physical activities you participate in regularly?

### **Medical History**

Are you currently under the care of a physician? \_\_\_\_\_ If so, why?

Please list current medications:

List previous auto injuries/surgeries:

Have you ever been diagnosed with cancer? \_\_\_\_\_ If so, what type and when?

Have you ever had a sports injury? \_\_\_\_\_ If so what type & when?

What movements or activities are limited and where?

What other treatments are you receiving and by whom:

## Medical History and Information

Check any or all that apply to your present health:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> headaches               | <input type="checkbox"/> chronic pain         | <input type="checkbox"/> varicose veins            |
| <input type="checkbox"/> inflammation            | <input type="checkbox"/> muscle or joint pain | <input type="checkbox"/> blood clots               |
| <input type="checkbox"/> carpal tunnel           | <input type="checkbox"/> numbness/tingling    | <input type="checkbox"/> high/low blood pressure   |
| <input type="checkbox"/> jaw pain/teeth grinding | <input type="checkbox"/> sprains/strains      | <input type="checkbox"/> diabetes                  |
| <input type="checkbox"/> athletes foot           | <input type="checkbox"/> stent/shunt          | <input type="checkbox"/> multiple sclerosis        |
| <input type="checkbox"/> plantar warts           | <input type="checkbox"/> scoliosis            | <input type="checkbox"/> cancer/tumors             |
| <input type="checkbox"/> depression/anxiety      | <input type="checkbox"/> arthritis            | <input type="checkbox"/> infectious disease        |
| <input type="checkbox"/> sleep difficulties      | <input type="checkbox"/> tendonitis           | <input type="checkbox"/> contagious skin disorders |
| <input type="checkbox"/> fibromyalgia            | <input type="checkbox"/> herniated disk       | <input type="checkbox"/> open wounds               |

**Women only:** \_\_\_\_\_ Pregnant /What trimester? \_\_\_\_\_ Breast Feeding? \_\_\_\_\_  
\_\_\_\_\_ Breast Implants/ When? \_\_\_\_\_ Reconstructive or Aesthetic? \_\_\_\_\_

**To comply with informed consent I will discuss the following with you prior to your treatment:**

1. What to expect from your entire treatment
2. Proposed treatment plan and goal
3. Any contraindications or precautions for massage

*Please take a moment to carefully read the following information and sign where indicated*

I understand that the massage/bodywork I receive at Mudra Massage is provided for basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session 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 an examination, diagnosis or treatment of disease/injuries. I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there should be no liability on the practitioner's part should I forget to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in termination of the session, and I will be responsible for payment of the scheduled session. I agree and adhere to Mudra's cancellation policy and will be responsible for charges if I fail to provide 24 hour notice if I cancel or change my appointment.

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_