Client Intake Form

Nancy Zick
Licensed Massage Therapist
Phone: (262) 745-3380

Personal Information

Name | Phone

Address | State | ZIP

E-mail | Occupation | Date of Birth

Emergency Contacts

Name | Phone

Address | Relationship

Primary Physician | Phone

Medical History

List current medications you are taking below. Please include any muscle relaxants or blood thinners.

Medication	Prescribed For

Previous Medical History

Any major surgeries? (list dates):

Any broken bones? (describe where and list dates):

Injuries or accidents still affecting you? (explain below with dates):

Allergies to nuts, oil and/or creams? (if YES, please specify below): ☐ No ☐ Yes

Please list any spine or back injuries. Include any disc problems (bulging, ruptured, herniated) and the location below. Also, describe any treatments you are currently undergoing for these:

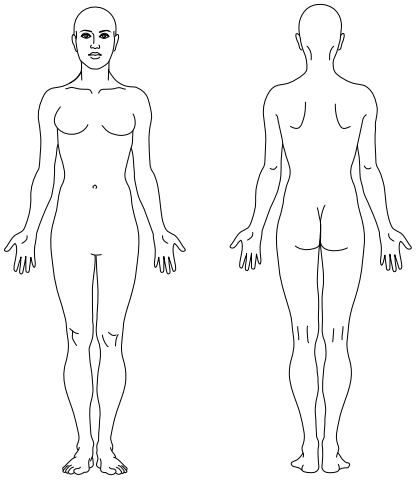
Cont'd on back ▶

Medical History (cont'd)

Please check any of the following that your currently have or have had in the past:

Now	Past		Now	Past		Now	Past	
☐	☐	Bone or Joint Disease	☐	☐	Arthritis, Bursitis or	☐	☐	TMJ/Jaw Pain
☐	☐	Mid Back Pain	☐	☐	Gout	☐	☐	Osteoporosis
☐	☐	Neck/Shoulder Pain	☐	☐	Low Back Pain	☐	☐	Blood Clots
☐	☐	High Blood Pressure	☐	☐	Hip/Leg Pain	☐	☐	Fibromyalgia
☐	☐	Headaches/Migraine	☐	☐	Heart Condition	☐	☐	Varicose Veins
☐	☐	Diabetes ☐ Now ☐ Past Insulin	☐	☐	Anxiety/Stress			
☐	☐	HIV/AIDS	☐	☐	Cancer			
☐	☐	Hepatitis | Type _____	☐	☐	Sprains			

Please circle or draw an X on the areas where you are feeling discomfort on the drawing to the right:



Additional Comments:

_____

_____

_____

_____

Preferences

Have you ever had a professional massage session? ☐ Yes ☐ No

If yes, what type of pressure do you prefer? ☐ Light ☐ Medium ☐ Deep

Please check the type of service you would like to receive:

☐ Therapeutic Massage or Relaxation Massage ☐ Essential Oil Therapies ☐ Reiki

Other (please explain):

Client Agreement

I realize that I, the client, am responsible informing my massage therapist of any condition or health issue that may affect my session. If I fail to do so, my therapist is not liable for any problems arising from my massage. The information shared on this form and during each session is kept confidential between the therapist and myself. I, the client, understand that massage is a form of health and wellness maintenance but it is not intended to replace medical treatment. No diagnosis will be made.

Nature's Healing Grace provides non-sexual massage. The therapist can terminate the session at any given time if direct or indirect suggestions or advances are made that make the therapist uncomfortable.

I understand and agree to the terms above.

Signature _____ Date _____