



# Godai Massage Studio

## Massage Therapy Intake Form - CONFIDENTIAL

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

Referred by: \_\_\_\_\_

Have you ever had a professional massage before?  Yes  No. If Yes, how often? \_\_\_\_\_

Type of massage experienced

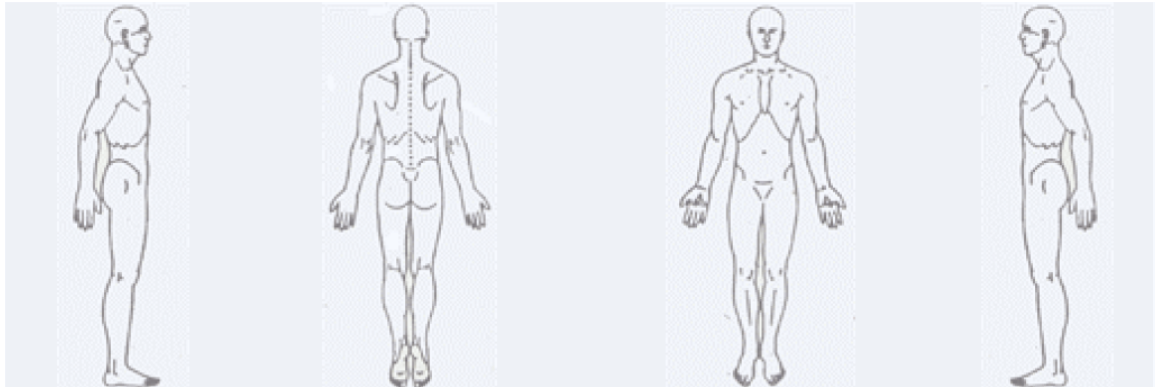
Swedish,  Shiatsu,  Deep Tissue,  Thai Yoga,  Stones,  Other \_\_\_\_\_

Do you exercise?  Yes  No. If yes, Frequency: \_\_\_\_\_ what type of exercise? \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Chiropractor: \_\_\_\_\_

Are you wearing:  contact lenses,  hearing aid,  hairpiece,  Prosthesis

Please indicate with and (x), if any, the areas in which you are feeling discomfort:



What are your goals/expectations for this therapy session? \_\_\_\_\_

Please note that the following sometimes occurs during massage. They are normal responses to relaxation: need to move or change position, sighing, yawning, change in breathing, stomach gurgling, emotional feelings and/or expression, movement of intestinal gas, energy shifts, falling asleep, memories.

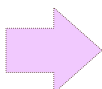
**Consent for care:**

It is my choice to receive massage therapy, and I give consent to receive treatment. I understand that Massage Therapists **DO NOT** diagnose illness, disease, or any other physical or mental disorders. Massage therapy is not a substitute for medical examination and/or diagnosis. I affirm that I have stated all my known medical conditions and shall take it upon myself to keep my Massage Therapist updated on my physical/mental health. I also agree there shall be no liability on the practitioner's part should I neglect to do so.

**Cancellations:** A 24-hour cancellation notice is required for any scheduled appointments.

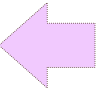
(Adult) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Minor) Signature of parent/guardian : \_\_\_\_\_ Date: \_\_\_\_\_





Client Initials \_\_\_\_\_



## HEALTH HISTORY

### Medications:

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Check the following g conditions that apply to you, past and present. Please add any comments to clarify the condition.

#### Musculo-Skeletal

- Headaches
- Joint stiffness/swelling
- Spasms/cramps
- Broken/fractured bones
- Strains/sprains
- Back, hip pain
- Shoulder, neck, arm, hand pain
- Leg, foot pain
- Chest, ribs, abdominal pain
- Problems walking
- Jaw pain/TMJ
- Tendonitis
- Bursitis
- Arthritis
- Osteoporosis
- Scoliosis
- Bone or joint disease
- Other:  
\_\_\_\_\_

#### Circulatory and Respiratory

- Dizziness
- Shortness of breath
- Fainting
- Cold feet or hands
- Cold sweats
- Swollen ankles
- Pressure sores
- Varicose veins
- Blood clots
- Stroke
- Heart condition
- Allergies
- Sinus problems
- Asthma
- High Blood pressure

#### Skin

- Rashes
- Allergies
- Athlete's Foot
- Warts
- Moles
- Acne
- Cosmetic surgery
- Other:  
\_\_\_\_\_

#### Digestive

- Nervous stomach
- Indigestion
- Constipation
- Intestinal gas/bloating
- Diarrhea
- Diverticulitis
- Irritable bowel syndrome
- Crohn's Disease
- Colitis
- Other:  
\_\_\_\_\_

#### Nervous System

- Numbness/tingling
- Twitching of face
- Fatigue
- Chronic pain
- Sleeping disorders
- Paralysis
- Herpes/shingles
- Cerebral Palsy
- Epilepsy
- Chronic Fatigue Syndrome
- Multiple Sclerosis
- Muscular Dystrophy
- Parkinson's disease
- Other:  
\_\_\_\_\_

#### Reproductive System

- Pregnancy
- PMS
- Menopause
- Pelvic Inflammatory Disease
- Endometriosis
- Hysterectomy
- Fertility concerns
- Prostate problems
- Other:  
\_\_\_\_\_

#### Other

- Loss of appetite
- Forgetfulness
- Confusion
- Depression
- Difficulty concentrating
- Drug use \_\_\_\_\_
- Alcohol use \_\_\_\_\_
- Nicotine use \_\_\_\_\_
- Caffeine use \_\_\_\_\_
- Hearing impaired
- Visually impaired
- Burning upon urination
- Bladder infection
- Eating disorder
- Diabetes
- Fibromyalgia
- Post/Polio Syndrome
- Cancer
- Infectious disease (please list)  
\_\_\_\_\_
- Other congenital or acquired disabilities (please list)  
\_\_\_\_\_
- Surgeries  
\_\_\_\_\_
- Other:  
\_\_\_\_\_  
\_\_\_\_\_