

Massage Therapy Intake Form

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

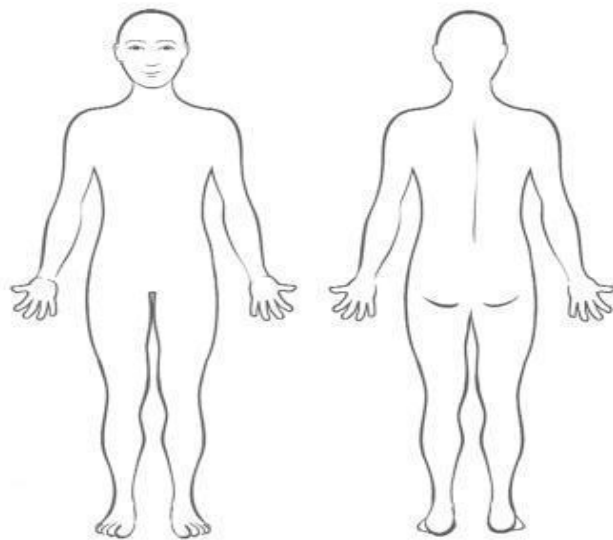
Home Phone: _____ Birth Date: _____ Age: ____ Gender: M / F

Referred by: _____ Occupation: _____

Major Complaints & Symptoms: _____

Have you had, or do you have, have of the following medical conditions? (Circle Y or N)

Heart Attack/ Stroke	<u>Y</u>	<u>N</u>
Diabetes/Tuberculosis	<u>Y</u>	<u>N</u>
HIV+/AIDS	<u>Y</u>	<u>N</u>
Artificial Bones/Joints	<u>Y</u>	<u>N</u>
Arthritis	<u>Y</u>	<u>N</u>
Cancer	<u>Y</u>	<u>N</u>
Skin Infections	<u>Y</u>	<u>N</u>
Fainting/ Seizures	<u>Y</u>	<u>N</u>
Difficulty Breathing	<u>Y</u>	<u>N</u>
Asthma	<u>Y</u>	<u>N</u>
Hepatitis	<u>Y</u>	<u>N</u>
Heart Surgery/Pacemaker	<u>Y</u>	<u>N</u>
Circulation Problems	<u>Y</u>	<u>N</u>
Abnormal Blood Pressure	<u>Y</u>	<u>N</u>
Open Sores	<u>Y</u>	<u>N</u>
Recent Accidents/Injuries	<u>Y</u>	<u>N</u>
Surgeries	<u>Y</u>	<u>N</u>
Other (Please Indicate) _____		



Please mark areas of concern
on the figures above.

Please mark any areas you are concerned about on the figures above. ^^

I certify that the information listed above is true. I release S. Alexis Diaz, Massage Orange County and Shattuck Rehabilitation Services dba Healing Hands Therapy & Wellness Center from any and all liabilities. I understand that the solicitation of any employee of this office for any illegal act, will immediately terminate the treatment. I further understand that there are no refunds and I agree to abide by the policies of this office. Should any employee of this office solicit money to perform any illicit act, I will notify the management immediately and complete a statement in writing before vacating the premises.

Patient Signature: _____ Date: _____