

Zhaolin's Colorado Springs Massage LLC

Intake Form

Client ID #

PERSONAL INFORMATION

Name:

Phone:

Email:

Address:

City/State/Zip:

DOB:

Emergency Contact:

Relationship:

Phone:

Referral Source: Google

Yelp

Facebook

Other

Friend

MEDICAL INFORMATION

Are you taking any medications? Yes No
If Yes please list:

Are you pregnant? Yes No NA
If Yes how far along?
OBGYN Clearance? Yes No
Any High Risk Factors?

Do you suffer from chronic pain? Yes No
If Yes please explain:

What makes it better?

What makes it worse?

Any currently injuries? Yes No
If Yes please explain:

Please indicate any conditions that apply:

- | | |
|----------------------|--------------------|
| Cancer | Fibromyalgia |
| Headaches/Migraines | Stroke |
| Arthritis | Heart Attack |
| Diabetes | Kidney Dysfunction |
| Joint Replacement(s) | Blood Clots |
| High/Low B/P | Numbness |
| Neuropathy | Sprains or Strains |

MASSAGE INFORMATION

Have you had a professional massage before?
Yes No

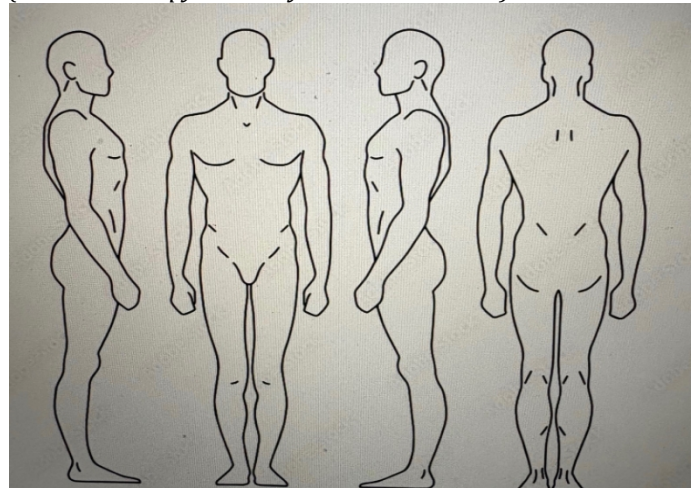
What type of massage are you seeking?
Relaxation Deep Tissue
Other:

What pressure do you prefer?
Light Medium Deep

Do you have any allergies or sensitivities?
Yes No
If Yes please explain:

Are there any areas to avoid treating?
Yes No
If Yes please explain:

Please indicate areas of discomfort or tenderness
(Once Hard Copy Printed you can draw here.)



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Please explain any conditions or areas of discomfort you have marked in the figure on page 1.

I have completed this form to the best of my ability and agree to inform my therapist if any of the above information changes.

Initial Here:

I have stated all conditions that I am aware of and this information is true and accurate to the best of my knowledge. I will inform my health care provider and massage therapist if anything changes in my status. I understand that massage/bodywork I receive is for the purpose of stress reduction and the relief from muscular tension, spasm or pain and to increase circulation. If I experience any pain or discomfort, I will immediately inform my massage therapist so that the pressure and/or methods can be adjusted to my comfort level. I understand that my massage therapist does not diagnose illness or disease, nor perform any spinal manipulations, and does not prescribe any medications/treatments. I acknowledge that massage is not a substitute for a medical examination or diagnosis and that I should see my health care provider for those services. If I am unable to attend my scheduled appointment, I will respect and abide by the set cancellation policies. Sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature will constitute as sexual harassment and will not be tolerated. I understand that I am receiving massage therapy at my own risk. In the event that I become injured either directly or indirectly as a result in whole or in part, of the aforesaid massage therapy I hereby hold harmless and indemnify the therapist, their principals, and agents from all claims and liability whatsoever.

Print Name:

Signature:

Date: