

# Massage By Eiki - Intake Form

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Male

Female

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Okay to contact?

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

YES (Mail Email Phone) NO

Email \_\_\_\_\_ Occupation \_\_\_\_\_

▶ Have you been ill recently? YES NO

▶ What type of health care are you receiving? (physicians, chiropractors, homeopaths, acupuncturists, etc.)

▶ Do you currently have, or have you had in the past, any of the following conditions: (This information is strictly confidential and may be very important to your therapy.)

\_\_\_\_\_ Diabetes

\_\_\_\_\_ Injuries

\_\_\_\_\_ Inflammation

\_\_\_\_\_ Arthritis

\_\_\_\_\_ Skin Problems

\_\_\_\_\_ Surgery (details below)

\_\_\_\_\_ Varicose Veins

\_\_\_\_\_ Numbness or Tingling

\_\_\_\_\_ Headaches

\_\_\_\_\_ Allergies (skin, scent, nuts, etc.)

\_\_\_\_\_ Cancer (history)

\_\_\_\_\_ Athlete's Foot

\_\_\_\_\_ Other \_\_\_\_\_

▶ Please list any medications you are currently taking

▶ Please list and give the years of past surgeries, major accidents, or serious injuries

▶ (Female only) Are you pregnant or trying to become pregnant?

YES  NO

▶ (Male only) Which draping would you prefer?

Sheet

Bath Towel

No Draping

▶ Previous massage/bodywork experience:

Never

Occasionally

Often

Types \_\_\_\_\_

I understand that: massage therapy involves neither diagnosis nor treatment of any condition, and is not a substitute for medical care; draping will be used as requested; neither my breasts (female) nor genital areas will be massaged; I may itemize below any areas of my body which I wish to be avoided, and these will be avoided; if I am uncomfortable for any reason I may request the therapist to end the session, and the session will be ended.

Client Signature \_\_\_\_\_

Therapist Signature \_\_\_\_\_

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