

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: (1) Massage therapy involves neither diagnosis nor treatment of any condition, and is not a substitute for medical care. (2) The massage therapist will not perform breast massage on female clients without the written consent of the client prior to the massage session. (3) Draping will be used during the massage session unless otherwise agreed to by both me and the therapist. (4) I may itemize below any areas of my body which I wish to be avoided, and these will be avoided. (5) If I am uncomfortable for any reason, I may request the therapist to end the session, and the session will be ended.

Area to Be Avoided _____

Client Signature _____ Therapist Signature _____