Kari E. Hoyt

LMT NCTMB

Therapeutic Massage Client Intake Form

Name: _____ Date: _____

Address:_____ City: _____State: _____ Zip: _____

Phone-C:(_____)_____-_____ Phone-H:(_____)_____-_____ DOB: _____

E-mail:_____ How were you referred/by whom?_____

Have you experienced massage before? _____

If yes, what is your history with massage? _____

_____

What brings you here today? _____

What are your goals for this session? _____

Please list daily physical activities involved in your job and life: _____

_____

Please list any major traumas that you have ever had and their approximate dates (car accidents, broken bones, surgeries, etc.): _____

_____

_____

_____

Please circle any of the following conditions if they have affected you in the last 2 years:

Diabetes	Varicose Veins/Blood Clots	Other Circulatory Problems
Cancer	High/Low Blood Pressure	Headaches/Migraines
Glasses/Contacts	Pregnant (or trying)	Infectious Disease/HIV/AIDS
Sleep Difficulties	Osteoporosis	Irregular Digestion/Elimination
Allergies	Rash/Athlete's Foot/Warts	Arthritis/Tendonitis

_____

_____

_____

(over)

Are you currently under medical supervision? Y/N Physician:_____

Are you currently taking any medications? _____

_____

Please take a moment to check-in with your body and notice if there is anything else that you would like kept in mind for this session:_____

_____

Places not to miss? _____ To avoid? _____

I understand that the services offered are not a substitute for medical care and give my consent to receive treatment. Any information provided is for educational purposes only and not diagnostic or prescriptive in nature. I also give my permission for the LMT with whom I work to discuss information pertinent to the treatment of my condition with my health care team should she deem it necessary.

Signature: _____ Date: _____

Parent/Guardian (if under 18):_____ Date: _____

The following are **normal** relaxation reactions that sometimes occur during massage:

□ movement or release of intestinal gas □ laughing/crying □ strong emotions □ □ cognitive or felt memories □ energy shifts □ stomach gurgling □ need to move or change position □ drop in body temperature/need for more covers □ twitching □

Emotions are welcome here. Please trust your body to express what it needs to, and let me know if there is anything that I do to help you feel more comfortable at any time during our session.