



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 |

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 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. Additionally, I understand that 24 hrs. notice of cancellation are requested to avoid payment in full, barring the unforeseen/emergent.

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.