MASSAGE CLIENT INTAKE FORM

Please fill out this form before your appointment. You can print and bring with you, or you can save and email to me at laura@lauralacey.com

Date:		Email:	
First Name:		Last Name:	
Phone (Home):		Phone (Cell):	
Phone (Work):			
Address:			

City: State: Zip:

Date of Birth: Occupation:

How did you hear about me?

How you ever had a massage before? Yes No

Are you involved in a regular exercise program? Yes No Explain below:

What is your main reason for getting a massage? Explain below:

Are you currently under any medical or therapeutic treatment? Yes No Explain below:

Have you recently suffered any injury/broken bones? Yes No Explain below:

HEALTH HISTORY

✔ *Check any or all of the conditions that apply to you:*

Headaches	Chronic Pain	Varicose Veins
Muscle or Joint Pain	Blood Clots	Sinus Problems
Back Pain	Sciatica	High/Low Blood Pressure
Fatigue	Diabetes	Tendonitis
Allergies	Osteoporosis	Infectious Disease
Numbness/Tingling	Cancer/Tumors	Anemia
Edema/Swelling	Insomnia	Leg Cramps
Placenta Previa	Carpal Tunnel	Preeclampsia
Nausea	Uterine Bleeding	Abdominal Cramping

Are you pregnant?	Yes	No	If so, how many weeks pregnant are you?	
Is this your first pregnancy?	Yes	No	If not, what number pregnancy is it?	
What is your due date?				
Where are you delivering?				
Who is your doctor or midwife?				

Please let me know if there is any other information or concerns that I should know about:

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