

HIGHPERFORMANCESPORTSMASSAGE

CONFIDENTIAL CLIENT INTAKE FORM

DATE: _____

Full Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell #: _____ Email: _____

Sport: _____ Position: _____ Pos#: _____

Emergency Contact: _____ Phone #: _____

Relationship: _____ Emergency Contact Email: _____

Physician: _____ Phone #: _____

Trainer: _____ Cell #: _____

Medical History

Health Conditions: _____

Medication Currently Taken: _____

Please indicate any of the following conditions that you currently have:

headaches allergies arthritis/tendonitis cancer TMJ abnormal skin condition recent injuries

heart problems recent surgery high/low blood pressure foot fungus cold/flu sprains/strains

pregnancy blood clots neck/back injuries open cuts/sores diabetes fibromyalgia numbness

Explain Any Conditions You Have Marked Above: _____

DISCLAIMER

I understand that the massage/bodywork I receive is non-sexual and provided for the basic purpose of relaxation, stress reduction, and relief of muscular tension and pain. It is not for the purpose of diagnosing or prescribing. Standard professional draping will be used during the massage/bodywork session. If I experience any pain or discomfort during the session, I will immediately inform the practitioner so that it may be adjusted to my level of comfort. Massage/bodywork can be contraindicated (should not be done) under certain medical conditions. I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep High Performance Sports Massage updated as to any changes to my medical profile, and understand that there shall be no liability on High Performance Sports Massage's part should I forget to do so.

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____