

EXCEL SPORTS MASSAGE, LLC

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CONFIDENTIAL CLIENT INTAKE & RELEASE FORM

Today's Date: _____

Name: _____ Date of Birth: _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Cell) _____

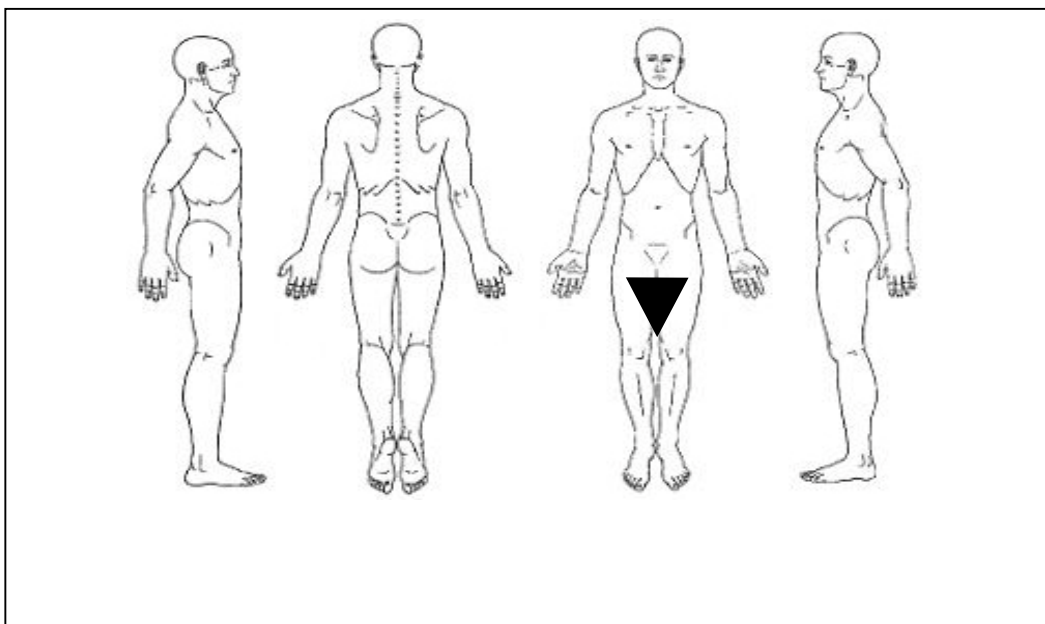
Email: _____

Occupation _____ Height _____ ft _____ in Weight _____ lbs

Referred by: _____

Emergency Contact Name & Number _____

Are you currently in pain or experiencing any discomfort? If so, please briefly explain and indicate those areas below



Initial: _____

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Describe any chronic (long term) pain/tension _____

What makes it better? _____

What makes it worse? _____

Are you currently under the care of a physician, chiropractor or alternative medicine practitioner? _____

If yes, what are you being treated for? _____

Please list any medications (prescription or non-prescription) you are currently taking:

What specific body areas would you like for me to focus on? _____

Are there any areas you do **NOT** like massaged (ex. head, face, gluteal, feet)? _____

What do you hope to accomplish with this massage? (ex. relaxation, reduce pain, increase flexibility, etc.)

How frequently and for how long do you exercise and what do you do? Include sports, Pilates, yoga, gardening and/or other physical activities: _____

Please **check any** of the following **that apply** to you:

Condition/Complaint	Yes?	Condition/Complaint	Yes?
Allergies (specify above)		Herniated/Bulging Discs	
Anxiety		High/Low BP	
Arthritis		Loss of Memory	
Artificial/Missing limbs		Loss of smell/taste	
Asthma		Muscular Tension	
Auto-immune disorder		Neurological problems	
Blood Clots/DVT		Osteoarthritis	
Bruise Easily		Pacemaker	
Cancer		Painful/Swollen Joints	
Cold Hands/feet		Pins and Needles	
Constipation/Diarrhea		Pregnancy	
Contact Lenses		Sciatica	
Dentures/Partials		Sinus Conditions	
Depression/Panic		Skin Conditions	
Diabetes		Sleep Disturbance	
Epilepsy or Seizures		Spinal Problems	
Fainting Spells		Swollen ankles	
Frequent Colds		Varicose Veins	
Headaches		Whiplash	
Heart Problems		OTHER:	
Hemorrhoids			

Further explanation of any condition or other information: _____

Initial: _____

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The following sometimes occurs during massage; they are normal responses to relaxation: Daydreaming, Falling asleep, Sighing, Yawning, Change in Breathing, Stomach Gurgling, and Stuffy Nose.

- Massage Therapy is a profession to help our clients receive effective treatment for reducing stress, pain and muscle tension. I understand the treatment here is not a replacement for medical care. As such, the therapist does not prescribe medical treatment, pharmaceuticals, or diagnose ailments.
- “Massage and bodywork therapy practices are designed to promote and maintain the health and well-being of the client. Massage and bodywork therapies do not include the diagnosis of illness, disease, impairment or disability. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or manipulations may be adjusted to my level of comfort.
- Massage Therapy is contraindicated for the following conditions (among others): **Tendon Ruptures, Muscle and Tendon Tears, Contusions** (bleeding within the muscle), **Burns, Broken Bones, Inflammation, Infectious Diseases, Thrombosis** (blood clot in a vein), **Bleeding Disorders, Tumors**. The therapist reserves the right to refuse treatment to a client for any reason where such treatment may cause bodily or personal harm to either the client or therapist.
- I understand strict confidentiality of information will be maintained between the therapist and client.
- Because massage and bodywork therapy may be contraindicated due to certain medical conditions, **I affirm that I have informed the therapist of all my known medical conditions and will keep the therapist updated as to any changes in my medical condition.**”
- I have read and understand the policies available for review on www.excelsportsmassage.com

Client Signature _____

Date _____

Initial: _____

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