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associates
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northeast,
suite 210
seattle,
washington
98115
(206) 528-5631

Confidential Intake Form

Andrea Munson, Licensed Massage Practitioner

Name _____

Address _____

_____

City _____ State _____ Zip _____

Phone (h) _____ (w) _____

Occupation _____

Emergency Contact _____ Emergency Phone _____

Reason for visit _____

Referred by _____

Massage History/Treatment Information _____

Have you ever received a professional massage? _____ Date of last massage _____

What results do you want from your massage sessions? _____

_____

Do you have any areas that need special attention?

___ neck/head ___ arms/shoulders ___ low back/hips ___ legs

___ upper back ___mid-back ___ abdomen ___ feet

List any stress reduction and exercise activities. Include frequency: _____

Do you have any injuries or accidents still affecting you? _____

Surgeries? _____

List any current medications including aspirin, ibuprofen, herbal remedies, etc.. _____

_____

Please check conditions you have:

___Chronic Pain ___Anxiety/Depression ___High/Low Blood Pressure

___Numbness/Tingling ___Digestive/Gastrointestinal Issues ___Kidney Problems

___Spinal Problems ___Sleep Disorders ___Skin Problems/Allergies

___Headaches/Head Injuries ___Respiratory Problems ___Pregnancy

___Spasms/Cramps ___Circulatory/Heart ___Menstrual Problems

___Arthritis, Bursitis or Tendonitis ___Varicose Veins/Blood Clots ___Infectious Disease

Are you currently receiving treatment, including mental health, from a health care professional?
If yes, please give name and location _____

I have listed all my known medical conditions and physical limitations and will inform the massage therapist of any change in my physical health. I understand that a massage therapist does not diagnose illness, disease, or any other medical, physical, or emotional disorder. I am responsible for consulting a qualified physician for any physical ailment that I have.

Signature _____ Date _____