Ashiatsu Massage of Winter Park LLC
Confidential Client Health Intake Form

Today's Date: _____
Name: _____
Address: _____
Cell Phone: _____
Email: _____
Date of Birth: _____
Occupation: _____
Sports/Hobbies: _____
Emergency Contact: _____

In order to help me provide you with a safe and effective massage, please circle any of the following conditions that you have, or have had:

Herniated or bulging disc
Laminectomy or spinal fusion
Recent accident:
- Motor vehicle
- Other

Lymphatic condition:
- Lymphoma
- Edema

Recent injury:
- Whiplash
- Strain/sprain
- Deep bruise
- Other

Recent surgery
Recent injections
Recent eye surgery (Lasik in past 72 hours)
Skin condition
Bone condition:
- Osteoporosis
- Rib fracture
- Other

Neurological condition:
- Sciatica
- Numbness/tingling of arms or hands
- Numbness/tingling of legs or feet
- Stroke

Circulatory condition:
- Heart disease
- High blood pressure
- Low blood pressure
- Thrombosis
- Pacemaker
- Arrhythmia
- Atherosclerosis
- Aneurysm
- Varicose veins

Diabetes
Low blood sugar
Irritable bowel syndrome
Kidney disorder
Joint stiffness or joint pain
Headaches
Shoulder issues
Pregnancy
Heavy or unusual menstrual flow
Breast (or other) implants within the last year
Bruise easily
Decreased sensation
Fibromyalgia
Cancer

Do you have any allergies to any oils, lotions, creams, or ointments?

_____

What medications are you currently taking?

_____

Please describe any recent surgeries, illnesses, or injuries:

I, _____ (print name) understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

Signature of Client _____ Date _____