SAPTHERAPY

Massage Therapy & Body Work

(Medical Massage Intake Form)

*Information contained on this form will NOT be used in any kind of solicitation. We will not contact you via email or phone unless specifically requested by the client.

Name:____DOB:____________________

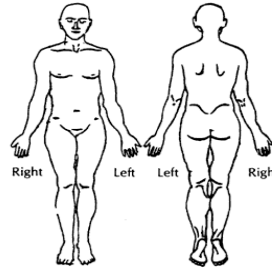
In order to better serve you, please provide us with the information below.

What is your main complaint today?__________________________________ Occupation_____________________

Have you ever had a therapeutic massage?..............................Y N When___________________________________

Please circle any specific areas you would like the Massage Therapist to concentrate on.

Mark **o** for discomfort
Mark x for pain



Please check if history of any of the following

Varicose Veins or Blood Clots	Y	N
Heart Problems	Y	N
High Blood Pressure	Y	N
Diabetes	Y	N
Hemiated Discs	Y	N
Skin Problems	Y	N

If yes of any of the above please specify:____

Cancer: Y N

If yes, are you released by your physician to receive massage? Y N

Allergies:____

Surgeries:____

Do you have any other relevant medical concerns not listed above?____

Are you currently taking any prescription drugs, blood thinners (Aspirin), pain relievers,
or supplements? In treatment of what?____

Are there any areas which you DO NOT want worked on today? Face Scalp Gluts Other__________________

I, ______________________________, understand that massage therapy performed at Saptherapy is for the sole purpose of relaxation with awareness that certain physiological effects of massage include circulatory enhancement and relief from muscular tension or discomfort. I understand that my massage therapist is not a physician and cannot diagnose or prescribe towards any medical condition or disease. I understand that it is my responsibility to notify my therapist of any changes in my health or medical history. I understand that it is ultimately my responsibility to notify my massage therapist if I am ever in any discomfort or pain. I hereby state that I have read the information above and have provided by Saptherapy with all notable information to the best of my knowledge.

Signature of Client ____ Date______________________

Signature of Massage Therapist _________________________________ Date______________________