

## Areté Massage Intake Form

*Please fill out the form completely. We will never share your information with anyone without your consent. For any reason.*

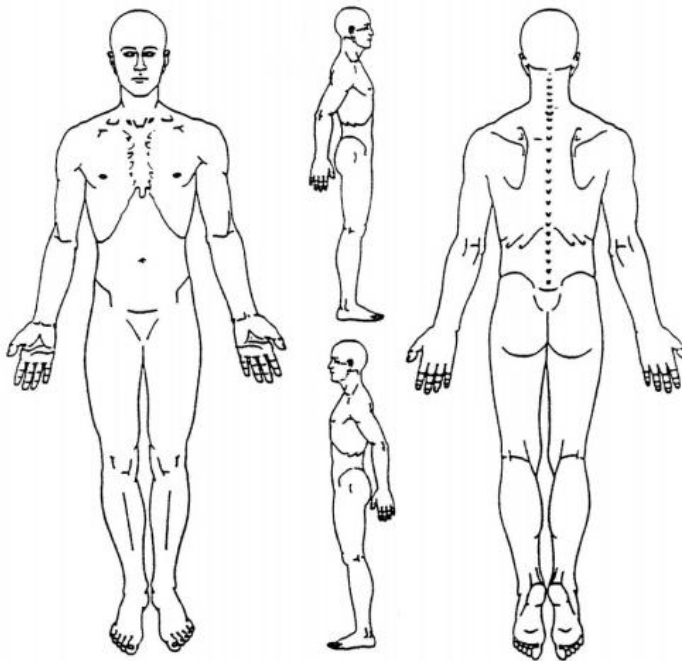
Name \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_  
Referred By \_\_\_\_\_  
Emergency Contact Name & Phone \_\_\_\_\_ Relationship to you \_\_\_\_\_

### Massage Session Information

What are your goals in seeking massage therapy? \_\_\_\_\_  
\_\_\_\_\_

What type of pressure do you prefer? Light / Medium / Deep

Please circle/indicate areas of pain or discomfort & briefly describe:



List any exercise activities & frequency: \_\_\_\_\_  
\_\_\_\_\_

Are you training for a specific event? \_\_\_\_\_

Have you had a recent surgery? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

What for? \_\_\_\_\_

Are you currently receiving PT? ☐ Yes ☐ No

If yes, what for? \_\_\_\_\_

Are you taking any blood thinners (Aspirin, Ibuprofen, Coumadin)? ☐ Yes ☐ No

***Previous History (include year & treatment received)***

Injuries/accidents/illness still affecting you: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prior Surgeries: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Please mark any of the following that you now have or have had.***

Skin

- ☐ Allergies specify: \_\_\_\_\_
- ☐ Rashes / Infections
- ☐ Athletes foot
- ☐ Herpes / Cold sores
- ☐ Topical hormone or pain cream

Musculoskeletal

- ☐ Bone or joint disease
- ☐ Tendonitis / Bursitis
- ☐ Arthritis / Gout
- ☐ Jaw pain (TMJ)
- ☐ Spinal Problems

Circulatory

- ☐ Heart Condition
- ☐ Phlebitis / Varicose veins
- ☐ Blood Clots
- ☐ High / Low Blood Pressure
- ☐ Lymphedema
- ☐ Thrombosis / DVT / Embolism

Other

- ☐ Pregnant: Trimester \_\_\_\_\_
- ☐ Cancer / tumor
- ☐ Breathing difficulty / Asthma
- ☐ Diabetes
- ☐ Migraines / headaches

Any other health concerns you think I should know about? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- I have completed this form to the best of my knowledge and will inform the massage therapist of any change in my physical health.
- I understand that a massage therapist can not diagnose illness, disease, or any medical, physical, or emotional disorder, nor perform any spinal manipulation. I am responsible for consulting a qualified physician or physical therapist for any physical ailments that I have.
- I understand that massage therapy is a therapeutic health aide and is non-sexual.
- I understand that if I arrive late, my session will end at the originally scheduled time so the client following me is not penalized.

Signed \_\_\_\_\_ Date \_\_\_\_\_