# Confidential Intake Form

*Betsy George, Licensed Massage Therapist*

Name _____ Date _____

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
___ Numbness/tingling
___ Spinal problems
___ Headaches/head injuries
___ Spasms/cramps
___ Arthritis, bursitis or tendonitis
___ Anxiety/Depression
___ Digestive/gastrointestinal issues
___ Sleep disorders
___ Respiratory problems
___ Circulatory/Heart
___ Varicose veins/blood clots
___ High/low blood pressure
___ Kidney problems
___ Skin problems/allergies
___ Pregnancy
___ Menstrual problems
___ Infectious disesase

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 _____

9500 Roosevelt Way Suite 210 Seattle, WA 98115 (206) 748-1556 www.brdgeorge.com