SW PHYSICAL THERAPY

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SW Physical Therapy Massage Intake Form

Name_____ DOB_____/_____/_____ Male/Female
Address_____City_____State_____Zip_____
Home/Cell #:_____Email_____
Emergency Contact_____Phone_____
Referred By_____Email/Phone_____
Primary Physician(s) _____
Are you currently or have you in the last 12 months received treatment from a healthcare professional? Y/N
If yes, please list reason/treatment_____
_____

Please take a moment to carefully read and complete the following information and sign below where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A Referral from your primary care provider may be required prior to service being provided.

Have you received bodywork/massage therapy before? Y/N
If yes, then what type? _____
Are you pregnant or trying to get pregnant? Y/N
Are you sensitive to touch or pressure in any area? Y/N_____
Are you currently taking any medications (vitamins, herbs or pharmaceuticals)? Y/N
List_____
Do you have varicose veins, circulation issues or high blood pressure? Y/N _____
Do you have any contagious diseases or skin conditions? Y/N _____
Have you had any recent injuries or surgeries? Y/N _____
Are you physically active? Y/N what type of exercises do you participate and how frequently?
_____
If any of the above needs to be further detailed or if you have anything else to share, please explain here:
_____
_____
_____
What are your goals/expectations for this therapy session?
_____
_____
_____

I understand that the massage/bodywork I receive is provided for the basic purpose of relief of muscle tension, stress management, relaxation, improved range of motion, and/or increased circulation and is intended to be a positive experience. It is my choice to receive massage therapy and I give consent to receive treatment. If I experience any pain or discomfort during the session I will immediately inform the practitioner so that the technique may be adjusted to my level of comfort. Additionally I understand that massage/bodywork IS NOT a substitute for medical examination, diagnosis or treatment and that I should see a qualified medical specialist for any mental or physical aliment of which I am aware. Because massage/bodywork 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 that there shall be no liability on the part of the practitioner for any problems that may arise as a result of my massage session or if I should neglect to keep the practitioner informed of any changes in my physical/mental health. Any information exchanged during a session is confidential and is only used to provide the best therapeutic treatment. I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session and I will be liable for payment of the scheduled appointment. Unless an emergency or inclement weather, I acknowledge that if I am unable to keep a scheduled appointment, 24 hours notice is required or I may be charged for the time. All appointments will end at the originally scheduled time so the client following me is not penalized.

Client Signature: _____ Date: _____