SPORTBODYWORK CLIENT INTAKE FORM (07/2015) DATE:_____

Last name:	First name:	Mobile phone:	Home phone:
Mailing address:	City, State & Zip:		
Birth date:	Email:		
Emergency contact:		Phone:	
Physician:		Phone:	

How did you hear about me?

Have you had a professional massage before? □ yes □ no If yes, how often?

Do you have sensitive skin? □ yes □ no Explain:

Do you exercise regularly? □ yes □ no If yes, what type(s)?

What are your common areas of pain and/or tension?

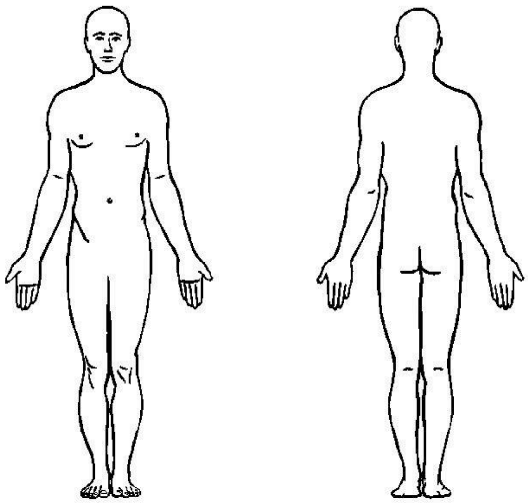
What is the cause of your pain/discomfort?

Does anything make it better or worse? □ yes □ no If yes, please explain:

Do you receive treatment from a chiropractor? □ yes □ no If yes, how often?

Are you currently under medical care? □ yes □ no If yes, explain:

What prescription medication, over the counter medication and/or supplements do you take? Please list and explain:



Height:_____ **Weight:**_____

Check applicable box(es) below:

□ headaches, migraines
□ allergies, sensitivities
□ arthritis, tendonitis
□ **cancer, tumors**
□ TMJ problems
□ abnormal skin conditions
□ heart, circulation problems
□ joint replacement surgery
□ high blood pressure
□ low blood pressure
□ **varicose veins (indicate location)**

□ current pregnancy, due date:
_____
□ **blood clots**
□ neck, back injuries, how long?
_____
□ diabetes
□ paralysis
□ fibromyalgia
□ numbness
□ sprains, strains
□ recent injuries
□ lack of or reduced sensation

Mark any specific area you would like the massage therapist to concentrate on during your session.

Explain here any condition you have marked on the body drawing or checked a box for:

If this visit is because of a work related injury or an auto accident complete the following:

Date of injury:	Social security #:
Insurance Company:	Claim #:
Claim Representative:	Phone #:
Insurance Agent:	Phone #:
Referring Physician:	Phone #:
Occupation:	

□ N/A Consent to treat a minor child/dependent:

By signing below I hereby authorize Paul Parsons, LMT, to administer indicated massage, bodywork &/or aroma therapy techniques to my minor child/dependent, printed named here:

_____,

Parent/legal guardian signature & date below: