Heavenly Hands by Kate, LMT #2886
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Client Intake Form

Please complete this form before your session. You can type into it on screen or print it and write by hand, then bring it with you to your appointment. Please do not email it.

PERSONAL INFORMATION

Name _____ Phone _____

Address _____ City / State / Zip _____ DOB _____

Occupation _____ Employer _____

Email _____ Primary Physician _____

Emergency Contact _____ Relationship _____ Phone _____

How did you hear about us? _____

MEDICAL INFORMATION

Are you taking any medications? ◯ Yes ◯ No

If yes, please list name and use: _____

Are you currently pregnant? ◯ Yes ◯ No

If yes, how far along? _____ Any high-risk factors? _____

Do you suffer from chronic pain? ◯ Yes ◯ No

If yes, please explain: _____

What makes it better? _____ What makes it worse? _____

Have you had any orthopedic injuries? ◯ Yes ◯ No

If yes, please list: _____

MASSAGE INFORMATION

Have you had a professional massage before? ◯ Yes ◯ No

What type of massage are you seeking? ☐ Relaxation ☐ Therapeutic / Deep Tissue Other _____

What pressure do you prefer? ◯ Light ◯ Medium ◯ Deep

Do you have any allergies or sensitivities? ◯ Yes ◯ No

Please explain: _____

Are there any areas (feet, face, abdomen, etc.) you do not want massaged? ◯ Yes ◯ No

Please explain: _____

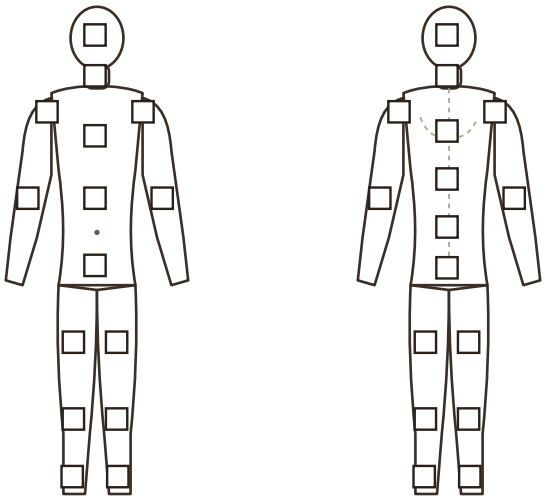
What are your goals for this treatment session? _____

Client Intake Form (continued)

Name _____

AREAS OF DISCOMFORT

Tick the boxes on the figures to mark any areas of discomfort (or circle areas by hand if you print this form).



FRONT BACK

PLEASE MARK ALL THAT APPLY TO YOU

- ☐ Headaches / Migraines
- ☐ Arthritis
- ☐ Anemia
- ☐ Multiple pregnancies
- ☐ Numbness
- ☐ Heart attack
- ☐ Blood pressure issues
- ☐ Lipomas
- ☐ Fibromyalgia
- ☐ Diabetes
- ☐ Blood clots
- ☐ Joint replacement

Please explain any conditions you have marked above:

_____

_____

_____

By signing below, you agree to the following:
I have completed this form to the best of my ability and knowledge. I agree to inform my therapist if any of the above information changes at any time.

Client Signature _____ **Date** _____

Therapist Signature _____ **Date** _____

To sign on screen, type your full name on the client signature line. Or print the form and sign by hand.