



Danielle Ouimette, LMT  
1 Cate Street Portsmouth, NH 03801 (603) 953-3251

### Client Intake Form & Confidential Health History

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (day) \_\_\_\_\_ (eve) \_\_\_\_\_ Email: \_\_\_\_\_  
Sex: M / F Occupation: \_\_\_\_\_ Referred by: \_\_\_\_\_  
Physician: \_\_\_\_\_

Hobbies/exercise/activities: \_\_\_\_\_  
\_\_\_\_\_

How would you rate your stress level on a scale of 1-10 (1 = very low, 10 = very high)? \_\_\_\_\_

Do you consider yourself to be a healthy person?

#### Current Health & Previous Experience with Massage Therapy

Have you ever received a professional massage? Y / N If so, what did you like/ not like about it?

Please list your goals for your session today: \_\_\_\_\_

List any areas of pain or tension. \_\_\_\_\_

Are there any areas of the body that you **DO** or **DO NOT** wish to have massaged?

#### Medical History

**Please mark (X) for all conditions that apply now. Mark (P) for past conditions.**

- \_\_\_\_\_ fever
- \_\_\_\_\_ headaches, migraines
- \_\_\_\_\_ jaw pain, TMJ
- \_\_\_\_\_ sinus problems
- \_\_\_\_\_ changes in vision
- \_\_\_\_\_ hernia
- \_\_\_\_\_ diabetes
- \_\_\_\_\_ infectious diseases
- \_\_\_\_\_ cancers/ tumors
- \_\_\_\_\_ seizures
- \_\_\_\_\_ athlete's foot
- \_\_\_\_\_ skin/nail conditions
- \_\_\_\_\_ allergies
- \_\_\_\_\_ numbness/tingling

- \_\_\_\_\_ **Cardiovascular**
- \_\_\_\_\_ heart attack
- \_\_\_\_\_ stroke
- \_\_\_\_\_ blood clots
- \_\_\_\_\_ varicose veins
- \_\_\_\_\_ high blood pressure
- \_\_\_\_\_ **Gastrointestinal**
- \_\_\_\_\_ nausea, vomiting, diarrhea
- \_\_\_\_\_ digestive problems
- \_\_\_\_\_ HIV/ Hepatitis/ Herpes
- \_\_\_\_\_ orthodontic/dental work

- \_\_\_\_\_ **Musculoskeletal**
- \_\_\_\_\_ muscle/ tendon injuries
- \_\_\_\_\_ disc problems
- \_\_\_\_\_ bone injuries
- \_\_\_\_\_ arthritis
- \_\_\_\_\_ osteoporosis
- \_\_\_\_\_ **Respiratory**
- \_\_\_\_\_ cough
- \_\_\_\_\_ asthma / lung conditions

Are you pregnant? Y / N

\_\_\_\_\_ **Other:** \_\_\_\_\_

**Please explain any areas noted above:** \_\_\_\_\_



Danielle Ouimette, LMT  
1 Cate Street Portsmouth, NH 03801 (603) 953-3251

## Confidential Health History

Past injuries (and approximate date of injury) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Past Surgeries (and dates): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List current medications and supplements (including aspirin, ibuprofen, birth control, herbs, etc) and what you take them for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_

### Policy Statement

- Massage is the manipulation of soft tissue to promote relaxation and healing of muscles and soft tissue.
- The client shall receive a ½ hour, one hour or 1 ½ hour massage or craniosacral therapy session as requested.
- The client shall be sober at the time of his/her appointment or the massage cannot be performed.
- The client has the right to refuse service at any time during the massage session.
- **Cancellations must be made at least 24 hours in advance or the client will be responsible for the session fee.**

*I have read the above policy statement and understand the policies and expectations for my massage & bodywork session.*

*I have informed my massage therapist of all my known physical conditions, medical conditions and medications, and I will keep my massage therapist updated of any changes.*

Signature of client: \_\_\_\_\_ Date: \_\_\_\_\_