



Vital Connections Massage & Bodywork  
130 Central Ave., Dover, NH 03820 (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: \_\_\_\_\_ How did you find us?: \_\_\_\_\_  
Do we have your permission to send you **occasional** emails with news & special offers?: Yes / No

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?

Why did you make an appointment for a massage 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
- \_\_\_ **Other:** \_\_\_\_\_

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

Are you pregnant? Y / N

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



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## 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 60-, 90-, or 120-minute Massage or Bodywork 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: \_\_\_\_\_