Lang Massage Services LLC
Marianne Lang Melino LMT

Confidential Client Intake Form

Name_____ Date_____

Address_____ City _____ State _____ Zip _____

Phone_____ e-mail _____

Birthdate_____Occupation _____

Referred by_____ Do you have a physician referral/prescription_____

Massage Information

Have you ever received professional massage/bodywork before?_____How recently? _____

What kind of pressure do you prefer? Light_____ Medium_____ Firm_____

What are your goals/expected outcomes for receiving massage/bodywork? _____

Do you perform any repetitive activities?_____

What are your hobbies? _____

Health History

Check all that apply to you including past conditions.

- ☐ Muscle or joint pain
- ☐ Muscle or joint stiffness
- ☐ Numbness or tingling
- ☐ Swelling
- ☐ Bruise easily
- ☐ Sensitive to touch or pressure
- ☐ High/low blood pressure
- ☐ Stroke
- ☐ Heart attack
- ☐ Varicose veins
- ☐ Shortness of breath
- ☐ Cancer
- ☐ Seizures
- ☐ Headaches
- ☐ Dizziness
- ☐ Ringing in ears
- ☐ Constipation
- ☐ Kidney stones
- ☐ Arthritis
- ☐ Osteoporosis
- ☐ Scoliosis
- ☐ Broken bones
- ☐ Diabetes
- ☐ Endocrine/thyroid conditions
- ☐ Depression/anxiety

Females only

Are you pregnant? _____ If yes how many months are you?_____

Please list any other medical issue which would interfere with your massage today?

_____

Consent of Treatment

Massage therapy is performed for the basic purpose of relaxation and relief from physical tension. If you experience any pain or discomfort during the session please inform your therapist, so the pressure/strokes are adjusted to your comfort level. Massage therapy is NOT a substitute for a medical examination, diagnosis, or treatment. I understand that massage/bodywork practitioner are not qualified to perform spinal or skeletal adjustments. I agree to keep the practitioner up to date on any health changes. I also 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 for the entire session. Understanding all of this, I give my consent to receive care.

Client Signature: _____ Date_____

Therapist Signature:_____ Date _____