

# Aura Massage - Client Intake Form

## Personal Information

Name : .....  
Date of birth : .....  
Address : .....  
City: ..... State : ..... Zip : .....  
Home phone : ..... Cell : .....  
Email : .....  
Occupation : .....  
Employer: .....  
Referred by : .....  
Emergency contact name (relationship) :  
.....  
Emergency contact phone : .....

## Massage experience

Have you had a professional massage before?  
Yes No  
If yes, what types of massage have you had (Swedish,  
shiatsu, deep tissue etc.)?.....  
How long have you receiving massage therapy?  
.....  
Frequency of massage?.....  
What are your goals for treatment?  
.....  
.....

## Current Health

Reason for initial visit.....  
Do you exercise regularly and/or participate in any  
sports Yes No  
If yes, what kind of exercise/sports?  
.....  
Do you perform any repetitive movements in your work,  
sports or hobby?  
If yes, describe .....  
.....  
Do you sit for long hours at a workstation, computer or  
driving?  
If yes, describe .....  
.....  
Do you experience stress in your work, family or other  
aspects of your life? Yes No  
Are you experiencing tension, stiffness, discomfort or  
pain?  
If yes, describe .....  
.....  
Have you recently had a injury, surgery or areas of  
inflammation? If yes, describe .....  
.....  
Do you have sensitive skin? Yes No  
Do you have any allergies to oils, lotions or ointments?  
If yes, please explain .....  
.....  
List any medication you are currently takin  
.....  
.....  
List any known allergies  
.....  
.....

## Health history

### Musculoskeletal

- Bone or joint disease
- Tendinitis/ Bursitis
- Arthritis/Gout
- Jaw Pain(TMJ)
- Lupus
- Spinal Problems
- Migraines/ Headaches
- Osteoporosis

### Circulatory

- Heart Condition
- Phlebitis/Varicose Veins
- Blood Clots
- High/Low Blood Pressure
- Lymphedema
- Thrombosis/ Embolism

### Respiratory

- Breathing Difficulty/ Asthma
- Emphysema
- Sinus Problems

### Nervous System

- Shingles
- Numbness/Tingling
- Pinched Nerve
- Chronic Pain
- Paralysis
- Multiple Sclerosis
- Parkinson's Disease

### Reproductive

- Pregnant, stage  
.....
- Ovarian/ Menstrual Problems
- Prostate

### Skin

- Allergies, specify:
- Rashes
- Cosmetic Surgery
- Athlete's Foot
- Herpes/Cold Sores

### Digestive

- Irritable Bowel Syndrome
- Bladder/Kidney Ailment
- Colitis
- Crohn's Disease
- Ulcers

### Psychological

- Anxiety/ Stress Syndrome
- Depression

### Other

- Cancer/Tumors
- Diabetes
- Drug/Alcohol/tobacco Use
- Contact Lenses
- Dentures
- Hearing Aids

Any other medical condition(s) not listed:  
.....  
.....

## Client Agreement

It is my choice to receive massage therapy. I am aware of the benefits and risks of massage and give my consent for massage. I understand that there is no implied or stated guarantee of success of effectiveness of individual techniques or series of appointments. I acknowledge that massage therapy is not a substitute for medical care, medical examination or diagnosis. I have stated all medical condition that i am aware of and will inform my practitioner of any changes in my health status.

Client signature..... Date.....