

# Wellness Intake Form

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Rev. 4/11/15

## General Information

Date of Initial Visit \_\_\_\_\_

Patient Name \_\_\_\_\_

Phone \_\_\_\_\_

Have you had a professional massage before? If yes, what types of massage have you had: Swedish, Shiatsu, Deep Tissue, etc.? \_\_\_\_\_

What are your goals for treatment? \_\_\_\_\_

Reason for initial visit \_\_\_\_\_

Do you exercise regularly and/or participate in any sports? If yes, what type of sports? \_\_\_\_\_

Do you perform any repetitive motions in your work, sports, or hobbies? If yes, please describe \_\_\_\_\_

Do you sit for long hours at a computer workstation or driving? If yes, please describe \_\_\_\_\_

Have you recently had an injury, surgery, or areas of inflammation? If yes, please describe \_\_\_\_\_

Do you experience any stress in your work, home or other aspects of your life? \_\_\_\_\_

Do you have sensitive skin? \_\_\_\_\_

Do you have any allergies to oil, lotions or ointments? \_\_\_\_\_

## Health History

### Musculoskeletal

- Bone or joint disease
- Tendonitis/bursitis
- Arthritis/gout
- Jaw pain (TMJ)
- Lupus
- Spinal problems
- Migraines/headaches
- Osteoporosis

### Circulatory

- Heart condition
- Phlebitis/varicose veins
- Blood clots
- High/low blood pressure
- Lymphodema
- Thrombosis/Embolism

### Respiratory

- Breathing difficulty/asthma
- Emphysema
- Sinus problems
- Allergies: \_\_\_\_\_

### Nervous System

- Shingles
- Numbness/tingling
- Pinched nerve
- Chronic pain
- Paralysis
- Multiple sclerosis
- Parkinson's Disease

### Reproductive

- Pregnancy stage: \_\_\_\_\_
- Ovarian/menstrual disorders
- Prostate

### Skin

- Allergies: \_\_\_\_\_
- Rashes
- Cosmetic surgery
- Athlete's foot
- Herpes/cold sores

### Psychological

- Anxiety/stress
- Depression

### Digestive

- Irritable bowel syndrome
- Bladder/kidney ailment
- Colitis
- Crohn's Disease
- Ulcers

### Other

- Cancer/tumors
- Diabetes
- Drug/Tobacco/Alcohol use
- Contact lenses
- Dentures
- Hearing aids
- Any other medical conditions not listed \_\_\_\_\_

Please explain any of the conditions that you have marked above \_\_\_\_\_

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