

New Client Intake

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Name: _____ Today's Date: _____

Address: _____

Phone: _____ Alt. Phone: _____

Email Address: _____

Date of Birth: _____ Occupation: _____

Emergency Contact and Phone #: _____

What are your massage therapy, bodywork, and/or energy-work goals:

When was your last professional massage: _____

Your likes or dislikes about the experience: _____

.....
If you answer "yes" to any of the following questions, please explain briefly:

Is this related to an accident? ☐ Automobile ☐ Personal Injury Case ☐ Workers Compensation

☐ Yes ☐ No **Surgeries and/or Scars?** _____

☐ Yes ☐ No Have you had any major **injuries/broken bones?** _____

☐ Yes ☐ No Do you have **high or low blood pressure?** _____

☐ Yes ☐ No Do you have **diabetes?** _____

☐ Yes ☐ No Do you have **allergies/asthma/breathing** issues? _____

☐ Yes ☐ No Do you have **circulatory or heart** issues? _____

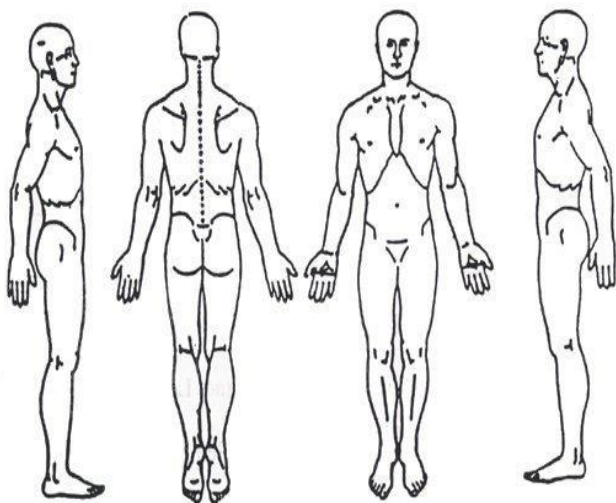
☐ Yes ☐ No Any history of **blood clots or do you bruise easily?** _____

☐ Yes ☐ No Any history of **Epilepsy or seizures?** _____

☐ Yes ☐ No Do you have any **mental health** issues? _____

List any other health related issues and **current medications**:

Circle your pain and/or areas you would like the therapist to focus on and describe your pain below:



**A therapist must be aware of existing conditions. I have stated all of my known medical conditions and take it upon myself to keep the massage therapist updated on my physical health. I understand that a massage therapist does not diagnose illness, disease, or any other physical or mental disorder and understand that massage therapy is not a substitute for medical care.*

CLIENT SIGNATURE* _____