

Sport Fit, Bowie: Massage Therapy Client Health Intake

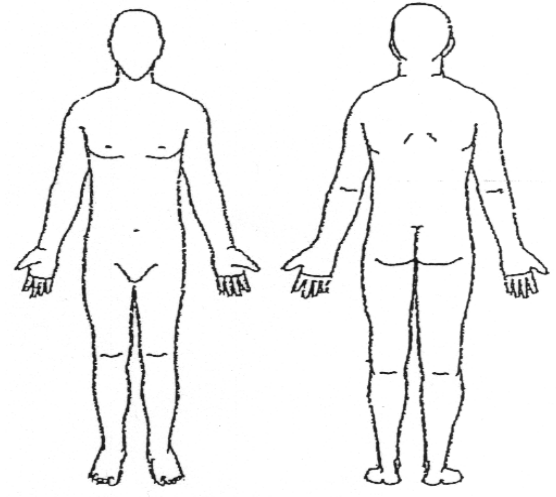
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|-------------------------------|------------------------------------|--|
| Name: _____ _____ | Date of Birth: _____ Age: _____ | Gender: M ____ F ____ Pregnant: Y ____ N ____ |
| Address: _____ _____ | City/Zip: _____ | Email: _____ |
| Home #: _____ | Cell #: _____ | Work #: _____ |
| Emergency Contact Name: _____ | Emergency Contact Phone #: _____ | Referred By: _____ |

1. What are your chief complaints?

2. Circle or 'X' these areas on the chart ⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒
3. What do you believe caused these issues?

4. What is your occupation?

5. Do you participate in sports or do you workout?



6. Are you aware of any old injuries (accidents, playground, youth, high school, college, etc. sports)?

7. Illness, Surgeries, Rashes? – How Recent? _____
8. Herniations, Bulging Discs, Scoliosis? _____
9. Circulatory issues (bruising, varicose veins, phlebitis, arteriosclerosis)? _____
10. Immune System Conditions (chronic fatigue, HIV/AIDS)? _____

11. Medications/Supplements?
Condition: _____ Rx: _____
Condition: _____ Rx: _____
Condition: _____ Rx: _____

THIS AREA IS FOR THE PRACTITIONERS' USE:

12. Allergies? _____

I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. 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 of the scheduled appointment.

Further, I hereby fully and forever release and discharge SFB, its owners, employee, contractors and agents from any and all claims, demands, damages, rights of action, causes of action, present or future, whether known, anticipated or unanticipated, resulting from or arising out of my use or intended use of the facilities, services, or equipment of SFB due to negligence or any other fault, including, but not limited to any personal injury and I agree SFB will not be responsible for loss, damage or theft of any property whatsoever. The member and/or client will be liable for payment of all costs incurred by the Club in the collection of obligations due to the Club, including court costs and reasonable attorney's fees. I understand that SFB reserves the right to cancel membership without refund at any time at its sole discretion (i.e. violation of Club policies or improper conduct).

Client's Signature: _____ Date: _____
Therapist's Signature: _____ Date: _____