



Massage & Bodywork Client Intake & Health History

Name: _____ Date: _____ Birthdate: _____

Email: _____ Phone: _____

Occupation: _____

Emergency Name & Phone: _____

List Regular Exercise or Physical Activities: _____

Current Prescription Medications: _____

List any acute or chronic Illness, Injuries or Surgeries: _____

Reason for Initial Visit/ Areas of Tension or Pain: _____

Are you sensitive to perfumes, lotions or oils? YES / NO

Do you have any allergies? YES / NO

Do you have arthritis, osteoporosis or spinal issues? YES / NO

Do you have digestive issues? YES / NO

Do you have high blood pressure? YES / NO

Do you have a cardiac condition? YES / NO

Do you have any breathing or lung issues? YES / NO

Do you have varicose veins or blood clots? YES / NO

Do you have depression or anxiety? YES / NO

Are you pregnant? YES / NO

If YES to any of the above questions, please explain here:



Melanie Metz Massage Therapy Client Agreement

I understand that the holistic massage & bodywork therapy given at Melanie Metz Massage Therapy is for the purpose of stress reduction, relief from muscular tension or spasm, or for increasing energy flow. I understand that the massage therapist does not diagnose illness, disease, or any other physical or mental disorder. As such, the therapist does not prescribe medical treatment or perform spinal manipulations. I understand that massage therapy is not a substitute for medical treatments and/or diagnosis and that it is recommended I see a physician for any physical ailments I may have. I take it upon myself to share any known medical conditions with the massage therapist at the time of my session, and keep the massage therapist updated on my physical health.

Signature _____ Date _____