

**MT Bodywork Lab**  
**Massage Therapy Registration and Medical Intake Form**

**Client Information**

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupation \_\_\_\_\_  
Referred by \_\_\_\_\_  
Emergency Contact Name+Number \_\_\_\_\_

**Client Condition + Health History**

Any surgery/Injury/accident in the past? When? \_\_\_\_\_

Any diagnosed condition? When? \_\_\_\_\_

Please circle any of following condition you are experiencing.

---Pregnancy, Flu or Cold, Infection, Inflammation, Fever, Contagious Disease, Open Scars---

Do you have any condition or pain? \_\_\_\_\_

Scale the pain level 1-2-3-4-5-6-7-8-9-10                      Type of Pain \_\_\_\_\_

When did your symptoms appear? \_\_\_\_\_ How often? \_\_\_\_\_

Did you already had any treatment for this condition? \_\_\_\_\_

Have you ever had Massage Therapy? What kind? \_\_\_\_\_

Do you have any Tension or Range Of Motion issues? \_\_\_\_\_

Do you get blues easily? \_\_\_\_\_ Do you sleep well? \_\_\_\_\_

Medications include their purpose \_\_\_\_\_

Allergies \_\_\_\_\_ Contact Lens? \_\_\_\_\_

Vitamins/Herbs/Minerals \_\_\_\_\_

Exercise: What Kind? \_\_\_\_\_ How often? \_\_\_\_\_

Lifestyle, Hobbies \_\_\_\_\_

Massage Pressure Preference    Light      Medium      Deep

          

**Authorization : Read and Sign**

I, \_\_\_\_\_ (print name) have notified my therapist of all known medical conditions and injuries and agree to inform therapist of changes in my health conditions, I understand that a massage therapist cannot diagnose illness, disease or any other medical, physical or emotional condition.

I understand that the services offered today are for therapeutic and relaxation purposes, are not a substitute for medical procedure and are non- sexual. I hereby offer my consent to receive these services and hereby waive and release my therapist from any and all liability, past, present, and future.

Signed \_\_\_\_\_ Date \_\_\_\_\_