

## Safe Haven Massage New Client Intake Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency Contact Name and Phone # \_\_\_\_\_

Referred BY: \_\_\_\_\_

Have you ever had a professional massage before? \_\_\_\_\_. If so, when was your last massage? \_\_\_\_\_. Was it a positive experience for you? \_\_\_\_\_

Are you currently receiving treatment from a medical provider, chiropractor, physical therapist or acupuncturist? \_\_\_\_\_

If so, for what? \_\_\_\_\_

Do you exercise? \_\_\_\_\_ If so, what do you do and how often? \_\_\_\_\_

How often do you drink caffeinated beverages including soda? \_\_\_\_\_

How much water do you drink per day? \_\_\_\_\_. Do you smoke? \_\_\_\_\_

When you are in pain, what type of pain reliever do you use? \_\_\_\_\_

### Health History:

Have you ever been injured in a Motor Vehicle Accident? \_\_\_\_\_ If so, when was the accident and what type of treatment did you receive? \_\_\_\_\_

Have you ever broken a bone? If so, when & what bone(s)? \_\_\_\_\_

Have you ever had surgery and if so, what for? \_\_\_\_\_

Do you have any chronic Health issues? \_\_\_\_\_ If yes, please give me more information: \_\_\_\_\_

Do you suffer from Chronic Pain? \_\_\_\_\_ If so, please tell me where and for how long: \_\_\_\_\_

Has anyone ever told you that you were "Hypermobile"? Or that you are more flexible than most people? \_\_\_\_\_ If yes, which joints? \_\_\_\_\_

If you are comfortable sharing, are you are survivor of Sexual Assault, Child Abuse, Violent Crime or Physical Violence? \_\_\_\_\_

**Please circle any of the conditions listed below that you are dealing with now or had in the past:**

Arthritis    Tendonitis    Osteoporosis.    Carpal Tunnel Syndrome    Jaw Pain  
Migraines.    Whiplash    Carpal Tunnel Syndrome    Blood Clots    Varicose Veins  
Heart Condition    High Blood Pressure    Low Blood Pressure    Asthma    Allergies  
Psoriasis.    Eczema    IBS.    Chronic Constipation    Crohn's Disease    Colitis  
Fibromyalgia    Stroke    Diabetes    Insomnia.    Depression    Hepatitis C    HIV  
Anxiety    Kidney Disease    Covid-19    Herniated/Ruptured Discs    Head Injury  
Chronic Tension Headaches    Joint Sprain    Sinus Infections or surgeries  
Cancer    Tumor    Endometriosis    Uterine Fibroids    Contagious Rashes

**For Women Only:** Are you or could you be Pregnant? \_\_\_\_\_ If yes, how many weeks? \_\_\_\_\_

**Are you Currently experiencing any of the following conditions?:**

Swelling or Inflammation? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Numbness and/or Tingling? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Contagious Disease or Skin Condition? \_\_\_\_\_

Infection of any kind? \_\_\_\_\_

**If you answer Yes to any of the following questions, please call me ASAP to reschedule your massage appointment. It is not safe to receive massage if you are sick or possibly contagious:**

Do you have a fever now or in the past 2 days?                    YES.                    NO

Have you come into contact with anyone in the past 2 weeks the has been diagnosed with Covid-19 or any other contagious illness? YES.                    NO

Do you now or have you recently had any flu like symptoms, shortness of breath, sore throat, or other respiratory symptoms?                    YES.                    NO

Have you traveled outside the US in the past 2 weeks?   YES.                    NO

I have stated all medical conditions that I am aware of and will update Safe Haven Massage of any changes to my health status going forward.

I understand that because massage therapy involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including Covid-19. By signing this form I acknowledge that I am aware of the risks involved from receiving treatment at this time. I voluntarily agree to assume those risks and I release and hold harmless Leah Bowman, LMP dba Safe Haven Massage.

I understand that massage therapy treatments are my personal financial responsibility and I agree to pay for these services at the time of service unless other arrangements have been made beforehand.

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