Bolingbrook Christian Health Center
Serving One Another in Love
Galations 5:13

Massage Intake Form and Confidential Health History

Bolingbrook Christian Health Center

Name:		Date of Birth:	
Address:		Phone:	
		Occupation:	
Family Doctor:		Emergency Contact / Phone #	

Have you ever had a massage before?	Yes ☐ No ☐	*If yes, when was your last one?*
Are you ticklish or sensitive to pressure?	Yes ☐ No ☐	
Do you have pain or numbness?	Yes ☐ No ☐	

Have you had surgery in the last 3 years? If yes, please describe:

Indicate where you would like massage:

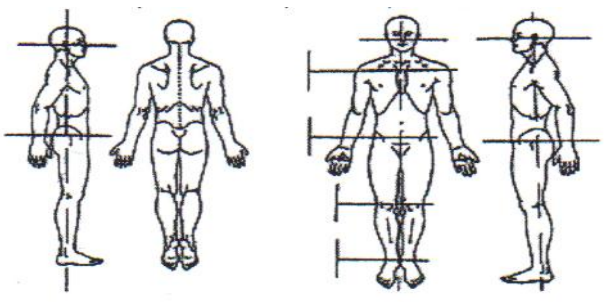
Please indicate below if you are currently experiencing any of the following: **Y** for Yes **N** for No

Allergies		Poor circulation		Migraines / headaches		Stroke	
Anemia		Depression		Heart problems		Ulcers	
Arthritis		Diabetes		Herniated disk		Varicose veins	
Asthma		Dizziness / fainting		Joint problems		Bruises / cuts / wounds	
Back problems		Disk degeneration		Osteoporosis / Osteopenia		Pregnant: Trimester 1 2 3	
Blood clot		Epilepsy / seizure		Shingles		Rheumatoid Arthritis	
Cancer / Tumors		Fibromyalgia		Sprains / fractures		Other (Please List)	

Please read the following information. Your signature indicates you have read, understand and agree to the terms below.

1. I understand the massage or body services I receive are for relaxation, stress reduction and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately notify my therapist so the massage may be adjusted to my comfort level. I am free from any contagious disease / illness at this time; and **if not**, I will reschedule my appointment.
2. I understand these therapies are not a substitute for medical examination, diagnosis or treatment. I understand the therapist is not qualified to perform spinal or skeletal adjustments, diagnose an illness, prescribe medication, or treat any physical or mental illness.
3. Because massage should not be done under certain conditions, I confirm I have stated all my known medical conditions.
4. I will notify (1) one day in advance if I need to reschedule my appointment.
5. I clearly understand the Bolingbrook Christian Health Center provides professional massage services according to the law, and that no sexual remarks or advances will be tolerated. The result of such behavior will result in immediate termination of my session and I will pay for this session in full. Bolingbrook Christian Health Center reserves the right to refuse service to anyone.

_____ _____ _____ _____

Client Signature Date Therapist's Signature Date

Indicate areas you would like your therapist to address on the diagram below, if applicable.