Massage Intake Form

Personal Information

Name Stephanie Allison Phone (day) 0428922581 (evening) _____

Address 14 Villarette Ave Narrabri City/State/Zip NSW 2390 DOB 1.11.86

Occupation Rural Retailer Employer Narrabri Farm Centre owner.

Email steffililliebridge@outlook.com Primary Physician DR Delini

Emergency Contact Brett Allison Relationship Husband Phone 0400421032.

How did you hear about us? FB.

Medical Information

Are you taking any medications? ☑ yes ☐ no

If yes, please list name and use: Pill, Talam

Are you currently pregnant? ☐ yes ☑ no

If yes, how far along? _____

Any high risk factors? _____

Do you suffer from chronic pain? ☐ yes ☑ no

If yes, please explain _____

What makes it better? _____

What makes it worse? _____

Have you had any orthopedic injuries? ☑ yes ☐ no

If yes, please list: (R) Knee (R) Ankle.

Please indicate any of the following that apply to you.

- ☐ Cancer
- ☐ Headaches/Migraines
- ☐ Arthritis
- ☐ Diabetes
- ☐ Joint Replacement(s)
- ☐ High/Low Blood Pressure
- ☐ Neuropathy
- ☐ Fibromyalgia
- ☐ Stroke
- ☐ Heart Attack
- ☐ Kidney Dysfunction
- ☐ Blood Clots
- ☐ Numbness
- ☐ Sprains or Strains

Explain any conditions you have marked above:

_____

_____

_____

_____

Massage Information

Have you had a professional massage before? ☑ yes ☐ no

What type of massage are you seeking?

☐ Relaxation ☐ Therapeutic/Deep Tissue

Other both.

What pressure do you prefer?

☐ Light ☑ Medium ☑ Deep

Do you have any allergies or sensitivities? ☑ yes ☐ no

Please explain Shellfish Allergies.

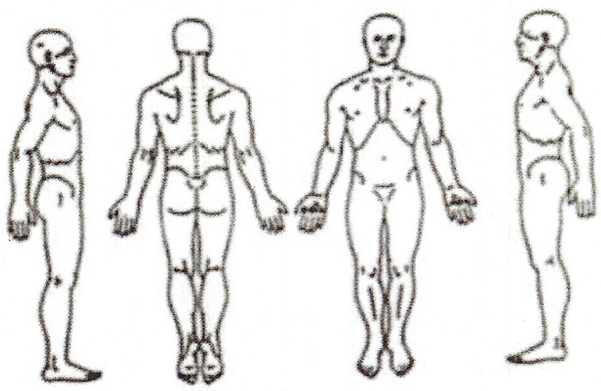
Are there any areas (feet, face, abdomen, etc.) you do not want massaged? ☐ yes ☑ no

Please explain _____

What are your goals for this treatment session?

Relaxation + feeling better.

Please circle any areas of discomfort



By signing below you agree to the following.

I have completed this form to the best of my ability and knowledge and agree to inform my therapist if any of the above information changes at any time.

Client Signature SAllison. *Date* 16/8/24.

Therapist Signature _____ *Date* 16/8/24