Massage Intake Form

Personal Information

Name Rebecca D'Ambros Phone (day) 0434025673 (evening) _____

Address 2/19 Queen Elizabeth Ave City/State/Zip Narrabri NSW, DOB 29/01/92

Occupation Caseworker Employer DCJ

Email rdambros92@hotmail.com Primary Physician Dr Crowstoski - Tamworth

Emergency Contact 0412 597 588 - Jo Relationship Mother Phone _____

How did you hear about us? Facebook

Medical Information

Are you taking any medications? ☒ yes ☐ no

If yes, please list name and use: Metformin

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: _____

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:

Injury/sprain L/s shoulder

over 5 years a goes

PSO

Massage Information

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

What type of massage are you seeking?

☐ Relaxation ☒ Therapeutic/Deep Tissue

Other _____

What pressure do you prefer?

☐ Light ☒ Medium ☒ Deep

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

Please explain Penicillian

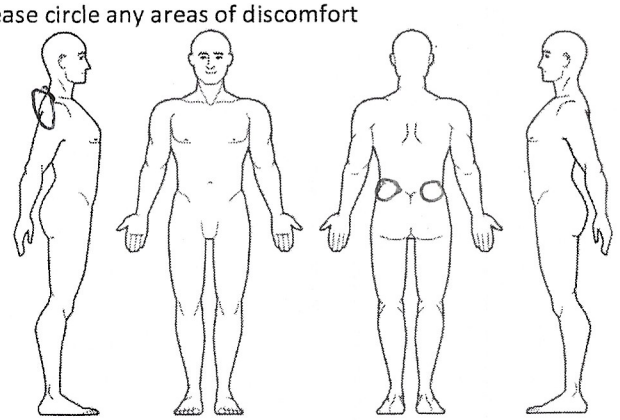
Are there any areas (feet, face, abdomen, etc.) you do not want massaged? ☐ yes ☐ no

Please explain Abdomen

What are your goals for this treatment session?

release back/neck

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 Rambros *Date* 01/05/24

Therapist Signature _____ *Date* 01/05/24