Client Intake Form - Therapeutic Massage Client Information Name RNICONA BULVE Email Lee Print

Are you taking any medications?	Name Killian				Email Lee Rnianna	201tue (x
Phone Cocception Phone	Phone (cell/day) <u>040</u>	7 414 27	/ L		DOB 30101 / 2009 Age	e: <u>16</u>
Referred by:	Address 186 mck	zenzie si	reel Narrobri, NS	.w	City/State/Zip	
Are you taking any medications?	Occupation	ame <u>Constr</u>	Ph Re	none <u>ರ</u> ಆರ eferred by:	<u> ७० । ४। २५९</u> Relationship <u>-</u>	mother
Are you pregnant?	Health Information		400			
Are you pregnant?	Are you taking any me	dications?	yes 🗹 no If yes, pleas	e list:		
Due date:	Any allergies? (oils, lotic	ons, nuts, fruit	s, skin, etc.) 🗌 yes 📝 i	no If ves	, please list:	
Are you you currently under medical supervision or receiving other medical interventions?	Are you pregnant?	yes 🗹 no	If ves. how many month	5.	Due date:	
If yes, please describe: Greas of swelling yes To Diabetes yes To Diabete	Are you you currently (under medical	supervision or receiving	other med	ical interventions?	s \Box no
Areas of broken skin? (e.g. rash, wounds)						:5 🔲 110
Areas of broken skin? (e.g. rash, wounds)						
lack / neck problems						yes Go
Heart condition yes no Seizures yes no Hour condition yes no Seizures yes allood clots yes no Hypertension yes no Stroke yes no Hypertension yes no Stroke yes no Hypertension yes no Multiple sclerosis yes no Meuropathy yes no Neuropathy yes no Neurop		, ,				yes 🔞
Areas of broken skin? (e.g. rash, wounds)						yes no
Areas of broken skin? (e.g. rash, wounds) yes no Hyes, where? History of joint replacement surgery? yes no Which joint(s)? Recent injuries or medical procedures in the past 2 years? yes no Please describe: Areas of broken and or seeking massage before? yes no How recently? Assage Information yes yes yes no How recently? Assage Information yes yes yes yes yes yes yes ye						yes 📆
Multiple sclerosis yes no Multiple sclerosis yes no TMJ disorder yes on Neurological condition yes no Neuropathy yes no		,		yes no		yes no
Neurological condition yes no Neurological condition yes no Varicose veins yes on tagious condition yes no Neuropathy yes no Vertigo / dizziness yes of vert				- 1		yes 🐽
Neuropathy yes no Vertigo / dizziness yes of Newson yes of		-		- 12		yes no
Areas of broken skin? (e.g. rash, wounds)		-		- 0		yes no
Recent injuries or medical procedures in the past 2 years? yes no Please describe: Please describe any other injuries or health conditions: Please describe: Please describe: Please describe: Please describe: Please describe: Please indicate any areas of discomfort on the best of my indicate any areas of discomfort on the best of my indicate any areas of the benefits and risks in massage therapy and that I have completed this form to the best of my indicate any areas of any health or edical changes.		-		1/1		yes (ŋø
Recent injuries or medical procedures in the past 2 years?	Arosc of broken skins (
Recent injuries or medical procedures in the past 2 years?	rieds of broken skin? (e.g. rasn, wou	nas) 🗀 yes 🛂 no If y	es, where?	·	
Please describe any other injuries or health conditions: assage Information ave you had professional massage before? yes no How recently? eason for seeking massage: Relaxation Specific problem Please indicate any areas of discomform Please indicate any areas of discomform Specific problem Specific problem Please indicate any areas of discomform Specific problem Specific problem Please indicate any areas of discomform Specific problem Specific problem Please indicate any areas of discomform Specific problem Specific problem Please indicate any areas of discomform Specific problem Specific problem Please indicate any areas of discomform Specific problem Specific problem Please indicate any areas of discomform Specific problem Specific problem Specific problem Please indicate any areas of discomform Specific problem Specific	History of joint replace	ment surgery?	? 🗌 yes 🗹 no Whic	h joint(s)?		
lassage Information ave you had professional massage before? yes no How recently? eason for seeking massage: Relaxation Specific problem Please indicate any areas of discomfort ow much pressure do you prefer? Light Medium Firm A signing below, I acknowledge that I am aware of the benefits and risks is massage therapy and that I have completed this form to the best of my nowledge. I also agree to inform my massage therapist of any health or redical changes.	Recent injuries or med	ical procedure	es in the past 2 years?] yes 🗹 n	o Please describe:	
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