

Sierra McDonald LMT# 13260

Confidential Client Health Intake Form

Client Name _____ Date _____

Address _____

Contact # _____ E-Mail _____

Birth Date _____ Occupation _____

Personal Information

Have you ever had a professional massage? Yes No

How Often? _____

Do you have difficulty lying face down or up or on your side? Yes No

Any specific part of the body experiencing pain, stiffness or discomfort? Yes No

Describe: _____

Do you have any particular goals in mind for your massage session? Yes No

Describe: _____

Lifestyle / Fitness

How often Do you exercise? _____

On a scale of 1-10, what is your stress level? _____

What Type of massage pressure do you prefer?

Feather light Gentle Moderate Deep/ Heavy

Are you taking medication/s or under the influence of anything I should be aware?

I understand that I will be receiving a therapeutic massage for the purpose of maintaining good health, physical wellbeing, and personal enjoyment. I also understand that massage therapists do not diagnose illness, disease, physical or mental disorders; nor do they prescribe medical treatment or medication. Massage should not take the place of a doctor's care when indicated. I will inform my practitioner, Sierra, with any changes in my health status. *I agree to provide 24 hour cancellation notice, send a friend, or pay a \$30 cancellation fee upon my next visit, in the case of missing my appointment.*

Signature: _____ Date: _____