

**STARK STATE COLLEGE MASSAGE THERAPY CLINIC**

**CLIENT INTAKE FORM**

DATE \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Referred by: \_\_\_\_\_

What are your goals for this treatment? \_\_\_\_\_

Present Symptoms: What is your major complaint or condition you want to improve? \_\_\_\_\_

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When did you first notice major complaints? \_\_\_\_\_

What brought it on? \_\_\_\_\_

What activities aggravate the condition? \_\_\_\_\_

Is this condition getting progressively worse? \_\_\_\_\_

Does this condition interfere with work? Y N      Sleep? Y N      Daily Routine? Y N

What have you done to get relief? \_\_\_\_\_

Has there been a medical diagnosis? Yes No

If so, by whom? Please explain \_\_\_\_\_

Are you under medical/therapeutic treatment? Yes No

If yes, for what condition? \_\_\_\_\_

Please list your care provider's name and phone number: \_\_\_\_\_

\_\_\_\_\_

List any medications (including aspirin) and nutritional supplements you are taking: \_\_\_\_\_

\_\_\_\_\_

Any known allergies? \_\_\_\_\_

Please list any additional comments regarding your health and general well-being: \_\_\_\_\_

\_\_\_\_\_

### MASSAGE THERAPY INFORMED CONSENT

I, \_\_\_\_\_, (client) understand that massage provided by Stark State College massage students is intended to enhance relaxation, reduce pain caused by muscle tension, improve circulation and offer a positive experience of touch.

I understand that massage is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Caregiver for any condition I may have. I am aware that the massage student does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of the massage session.

I have informed the massage student of all my known physical conditions, medical conditions and medications, and I will keep the massage student updated on any changes. I understand that there shall be no liability on Stark State College's Massage Program and students due to my forgetting any pertinent information.

If I experience any pain or discomfort during the session, I will immediately communicate that to the massage student so the treatment can be adjusted.

I understand and agree to all of the massage clinic's policies.

\_\_\_\_\_

Client Signature

Date