



Client Intake Form

www.JenChanMassage.com

Personal Information

Name _____ date of birth _____

Address _____

City _____ state _____ zip _____

Home phone _____ cell phone _____

Email _____

Occupation _____

Employer _____

Referred by _____

Emergency Contact name/relationship & contact # _____

Massage Experience

Have you had a professional massage before? YES NO

Frequency of Massages? _____

What are your goals for treatment? _____

Use this key to mark the person on the RIGHT ----->

"CIRCLE" ○ = WORK ON

"X OFF" ★ = DO NOT TOUCH

Current Health

Do you exercise regularly and/or participate in any sports?
 YES NO If yes, what kind of exercise/sports?

Do you perform any repetitive movement in your work, sports, or hobbies? YES NO If yes, describe:

Do you sit for long hours at a workstation, computer, or driving? YES NO If yes, describe:

Do you experience stress in your work, family, or other aspects of life? YES NO If yes, describe:

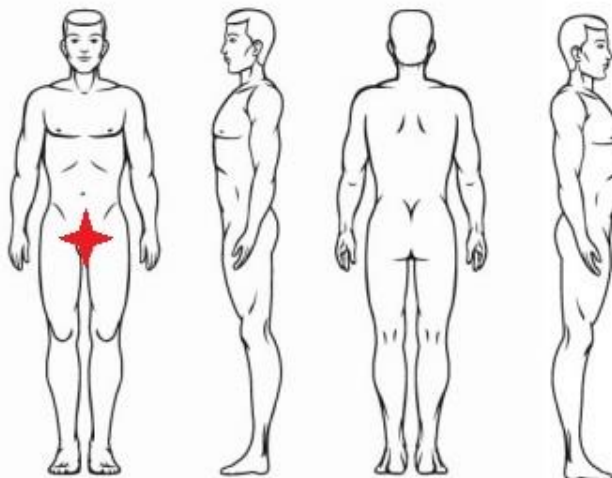
Are you experiencing tension, stiffness, discomfort, or pain?

YES NO If yes, describe:

Have you recently had an injury, surgery, or areas of inflammation? YES NO

If yes, describe _____

Sensitive skin? YES NO





**** IF YOU ARE VEGAN, PLEASE LET ME KNOW****

HEALTH HISTORY:

- Musculoskeletal-
- Bone/Joint Disease
- Artificial Bone/Joint
- Tendonitis/Bursitis
- Arthritis/Gout
- Jaw Pain (TMJ)
- Lupus
- Fibromyalgia
- Spinal Problems
- Osteoporosis
- Carpel Tunnel Syndrome
- Tennis Elbow

- Circulatory-
- Heart Condition
- Low/High Blood Pressure
- Phlebitis/Varicose Veins
- Blood Clots
- Lymphedema
- Thrombosis (DVT)/ Embolism

- Respiratory-
- Breathing Difficulty
- Emphysema
- Sinus Problems

- Nervous System-
- Shingles
- Numbness/Tingling
- Pinched Nerve
- Chronic Pain
- Paralysis
- Multiple Sclerosis (MS)
- Parkinson's Disease

- Reproductive-
- Pregnant, stage _____
- Ovarian/Menstrual Problems
- Prostate

- Skin-
- Open Wounds
- Rashes
- Cosmetic Surgery
- Athlete's Foot
- Herpes/Cold Sores
- Bruise Easily
- Psoriasis

- Digestive-
- Irritable Bowel Syndrome (IBS)
- Bladder/Kidney Ailment
- Colitis
- Crohns Disease
- Ulcers

- Psychological-
- Anxiety/Stress
- Depression

- Other-
- PTSD
- Cancer/Tumors
- Diabetes
- Contact Lenses
- Dentures
- Hearing Aids
- Surgeries
- Car Accidents
- Epilepsy
- Headache/Migraine

Any other medical condition(s)/ALLERGIES not listed? Please also list medications currently on:

CLIENT AGREEMENT: I am aware of the benefits and risks of massage and give my consent for massage. I understand that there is no implied or stated guarantee of success of effectiveness of individual techniques or series of appointments. I acknowledge that massage therapy is not a substitute for medical care, medical examination, or diagnosis. Any information provided by the massage therapist is for educational purposes only. I have stated all medical conditions that I am aware of and will inform the massage therapist of any changes in my health status. I, the client, or the massage therapist may discontinue the treat at any time for any reason. I am aware that this is a non-sexual professional massage. I am aware the 24 hour cancellation policy is on the website www.JenChanMassage.com. I give my consent to receive treatment from Jen Chan, LMT, BCTMB (WA MA60324770)/Jen Chan Massage. Lastly, I hereby waive and release Jennifer Chan, LMT, BCTMB from any and all liability, past, present, and future, relating to massage therapy and bodywork, [including massage with Hemp/CBD Only/CHABA topicals _____ {initial & date}, & cupping _____ {initial & date}. This also includes Nepenthe Massage/Kickdown Café and any Ashi DeepFeet massage practiced at Nepenthe Massage/Kickdown Café _____ {initial & date}] by Jen Chan, LMT, BCTMB/Jen Chan Massage.

Client/(Guardian)Signature: _____

Printed Name: _____ Date: _____