

Utopic Therapeutic Massage & Skin Care  
Massage Intake Form

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ City, ZIP \_\_\_\_\_

Phone Daytime \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Birth Date \_\_\_\_\_ Martial Status: Married Single Divorced Widowed

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Referred By \_\_\_\_\_

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

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**Massage Information**

First professional massage: Yes No; how frequently do you have massage: \_\_\_\_\_

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**Medical Information**

List accidents/injuries, hospitalizations, and surgeries: when they occurred and treatment received

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any lingering effects from the above or do you feel you have recovered?

\_\_\_\_\_  
\_\_\_\_\_

Chronic, on going pain? No Yes, please describe any care or treatment you receive

\_\_\_\_\_  
\_\_\_\_\_

Do activities affect the pain? No Yes, please describe

\_\_\_\_\_  
\_\_\_\_\_

Are you currently being treated medically or taking prescribed drugs? No Yes, please describe

\_\_\_\_\_  
\_\_\_\_\_

Turn Page Over

Please list all over the counter, supplements, and/or herbs taken and why

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## History

### Musculoskeletal

- Osteoporosis
- Arthritis
- Hypothyroidism
- Fibromyalgia
- Chronic Fatigue
- Gout in \_\_\_\_\_
- Bursitis
- Plantar Fasciitis
- Cysts/Lipomas
- TMJ
- Chronic Headaches
- Tendonitis
- Whiplash
- Strains/Sprains
- Chronic pain in:
  - Neck
  - Low-back
  - Mid-back
  - Upper-back
  - Hip
  - Arm
  - Leg
  - Shoulder
  - Wrist/Hand
- On computer more than 2hrs/day. No. of hrs: \_\_\_\_\_

### Respiratory

- Pneumonia
- Asthma
- Breathing Problems
- Sinusitis
- Other: \_\_\_\_\_

### Digestive

- Ulcers
- Colitis
- IBS
- Crone's Disease
- Gluten Intolerance
- Constipation
- Diarrhea
- Gallstones
- Gas/Bloating
- Chronic Indigestion

### Circulatory

- Heart problems \_\_\_\_\_
- Stroke
- Palpitations
- Mitral valve prolapse
- Anemia
- Hemophilia
- Hypertension
- Low blood pressure
- Peripheral Artery Disease
- Varicose veins
- Blood clots/Phlebitis

### Skin

- Fungal infections
- Athlete's Foot
- Impetigo
- Eczema/Dermatitis
- Psoriasis
- Easily irritated skin
- Other: \_\_\_\_\_

### Nervous System

- Dizziness
- ALS
- Multiple Sclerosis
- Parkinson's disease
- Bell's Palsy
- Neuritis
- Spinal cord injury
- Trigeminal Neuralgia
- Seizures/Epilepsy

### Other

- Diabetes
- Pregnancy
- Cancer
- Kidney disease
- Hepatitis
- HIV/AIDS
- Lupus
- Postoperative \_\_\_\_\_
- Cystitis
- High stress
- Grieving
- Anxiety/Panic Attacks
- Bipolar syndrome
- PMS/Menopause difficulties
- Poor sleep/Insomnia
- Allergies affecting:
  - Facial skin
  - Body skin
  - Nose/Sinuses
  - Eyes
  - Stomach/Gut
- Orthopedic pins or plates
- Other: \_\_\_\_\_

## Exercise

Time/day-week: \_\_\_\_\_ Activities: \_\_\_\_\_

The above information is accurate. I understand that Massage Therapists do not diagnose disease or prescribe drugs and that they are not substitute for medical care. I agree to alert my practitioner of any physical/emotional changes as they occur. I also understand that a missed appointment might incur charges that I must pay.

Signature \_\_\_\_\_ Date \_\_\_\_\_