



Healthplus Acupuncture and Remedial Massage

New Client Intake Form (Massage & Acupuncture)

Personal Information

First Name _____ Last Name _____ DOB _____
 Contact Number _____ Email _____ Occupation _____
 Address _____ Post Code _____
 Consent to Marketing Emails & Messages yes no

Medical Information

Are you taking any medications? yes no

If yes, please list name and use: _____

Are you currently pregnant? yes no

If yes, how many weeks? _____

Any high risk factors? _____

Do you suffer from chronic pain? yes no

If yes, please explain _____

What makes it better? _____

What makes it worse? _____

Have you had any orthopedic injuries? yes no

If yes, please list: _____

Please indicate any condition you have had in the past or currently have.

- | | |
|--|---|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart Attack |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Dysfunction |
| <input type="checkbox"/> Joint Replacement(s) | <input type="checkbox"/> Blood Clots |
| <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Numbness |
| <input type="checkbox"/> Neuropathy | <input type="checkbox"/> Sprains or Strains |

Explain any conditions you have marked above:

Massage Information

Have you had a professional massage before? yes no

What type of massage are you seeking today?

- Relaxation Deep Tissue Remedial/Therapeutic
Pregnancy Sports Lymphatic Drainage

What pressure do you prefer?

- Light Medium Firm

Are you sensitive to any fragrances? yes no

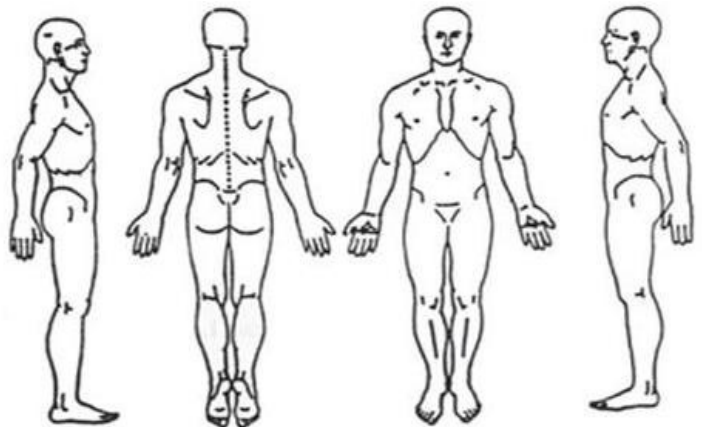
Are there any areas (feet, face, abdomen, etc.) you do not want massaged? yes no

Please explain _____

Are you suffering any pain currently? yes no

If yes, how bad is it (0-10, 10 is the worst)? _____

Please circle any areas of discomfort



*By signing below you agree to the following.
I have completed this form to the best of my ability and knowledge and agree to inform my therapist if any of the above information changes at any time.*

Client Signature _____ Date _____