

LOTUS
 MASSAGE & WELLNESS
CENTER

INTAKE FORM

Date completed: _____

office use only: Last name: _____

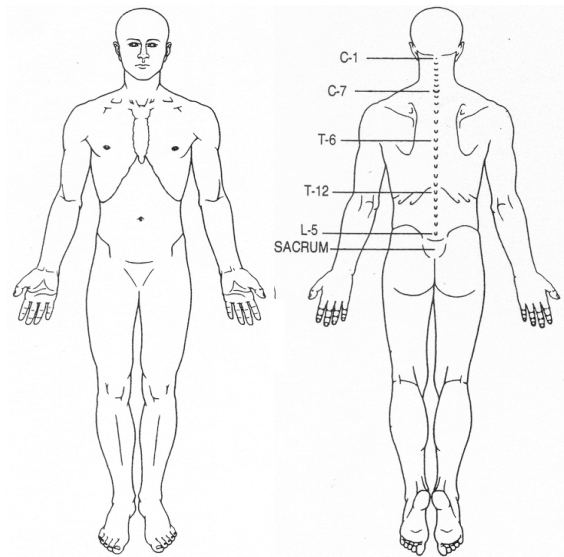
Name _____ Birth date _____
 Address _____ Apt. # _____
 City, State, Zip _____
 Phone (h) _____ (w) _____ (c) _____
 Emergency contact _____ Relationship _____
 Phone (h) _____ (w) _____ (c) _____
 Doctor(s) _____ Phone _____

In general, how would you describe your overall health?

Why are you interested in receiving therapeutic massage?

Do you usually prefer pressure that is:
 light / moderate / deep ? ↗

Please mark areas where you would like special attention.



First name: _____

Please indicate areas related to any *current or previous* health concerns, problems, or discomfort. Circle all that apply:

back / spine	cardiovascular / heart	cancer
neck / shoulders	respiratory / lungs	allergies
arms / hands	blood pressure: high / low	skin conditions
legs / feet	varicose veins	sinus problems
whiplash	diabetes	headaches
numbness / lack of sensation	seizure disorders	insomnia
tingling / "pins & needles"	paralysis	digestion
sensitivity: heightened / reduced	joints / range of motion	diarrhea / constipation
bruises: current / bruise easily	arthritis: osteo- / rheumatoid	Do you wear: ...contacts?
muscular problems / disorders	osteoporosis	...dentures? ...hearing aid?
currently pregnant? yes / no	other: _____	

Please explain any conditions you marked on the reverse and/or other health concerns. Include accidents, injuries, surgeries, other acute or chronic health conditions, and approximate dates:

What is your occupation?

What other activities do you engage in regularly?

What medications you are currently taking (including self-prescribed)?

- I understand that massage is contraindicated for some medical or health conditions and I certify that the above information is complete.
- I agree to take responsibility, during future sessions, for informing the therapist of any changes in my medical history or health status.

SIGNATURE: _____ DATE: _____

How did you learn about Lotus Center? _____

*Remember, this is **your** massage. Please express your needs or preferences for physical comfort, the treatment room, or the treatment itself. Open communication will help us meet your needs! Thank you.*

THERAPIST NOTES:
