Guided Touch Therapies Client Intake Form

Please Print Legibly

Name ____ Email ______________________________________
Address _______________________________________ City/State/Zip ____________________________________
Phone: Home _________________ Work _________________ Cell ________________ Birthday ___/___/ _____
Occupation ___________________________________ Referred to this office by __________________________
In case of emergency, contact ____ Phone _________________

General and Medical Information

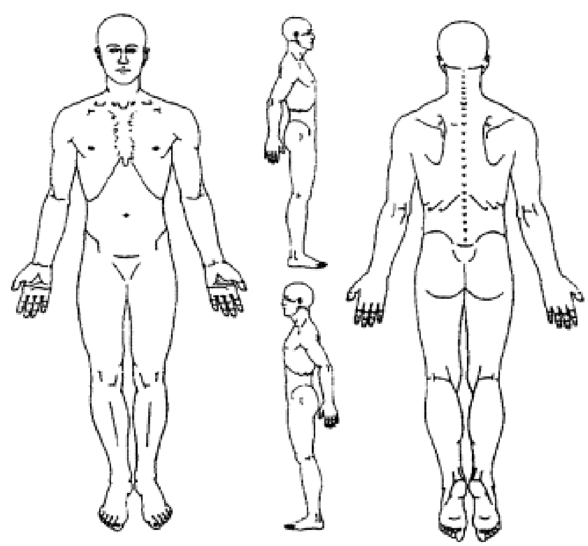
Y N Have you ever had a professional massage? If yes, how often? _____________________________
Y N Are you pregnant? If yes, how far along are you? ______________________________________
Y N Are you sensitive to touch/pressure in any area (ticklish)? ________________________________
Y N Are you allergic/sensitive to any oils (essential oils, nut oils, scents)? If yes, please list
____

List of current medications and reason ____
____
____

List of surgeries (type and date) ____
____

Indicate Areas of Pain/Tension

On a scale from 1-10, 10=highest, rate your levels of
Stress ________ Pain _______ Energy __________
How did your symptoms begin and when did they start?
____
____
What have you done for relief? ______________________
Is the condition getting better/worse? _________________



Please mark on the diagram above any areas where you have pain or discomfort.

Please Check All That Apply

- ❑ Skin Condition-rash, warts, hives, skin cancer, other ______________________________
- ❑ Lymphatic Condition-swollen gland, nasal congestion, lymph edema, other _________________
- ❑ Joint Problems/stiffness-arthritis, sacroiliac problems, TMJ, other ___________________________
- ❑ Bone Condition-osteoporosis, fracture, other ________
- ❑ Headaches
- ❑ Recent Injury or Accident-whiplash, sprain, bruise, other ______________________________
- ❑ Circulatory Condition-high blood pressure, varicose veins, blood clots, other __________________
- ❑ Numbness/Tingling Sciatica
- ❑ Tendonitis, Bursitis
- ❑ Diabetes

To speed up your initial check-in process, please fill out this form and bring it with you. Thanks!

Guided Touch Therapies
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