krave therapeutic massage

CLIENT INTAKE FORM

Name _____ Cell phone _____ Text ☐ yes ☐no

DOB _____ Email _____

Address _____ Occupation _____

Emergency Contact _____ Relationship _____ Phone _____

How did you hear about us? ☐ Website ☐ Google ☐ Yelp! ☐ Drive-By ☐ Ad ☐ Referred by _____

Medical Information

Are you taking any medications? ☐ yes ☐ no

Please list: _____

Are you currently pregnant? ☐ yes ☐ no

If yes, how many weeks along? _____

High risk factors? ☐ yes ☐ no _____

Please indicate any of the following that apply to you.

- ☐ Cancer
- ☐ Headaches/Migraines
- ☐ Arthritis
- ☐ Diabetes
- ☐ Carpal Tunnel
- ☐ High/Low Blood Pressure
- ☐ Neuropathy
- ☐ Chronic Pain
- ☐ TMJ
- ☐ Plantar Fasciitis
- ☐ Joint Replacement(s)
- ☐ Fibromyalgia
- ☐ Stroke
- ☐ Heart Attack
- ☐ Kidney Dysfunction
- ☐ Blood Clots
- ☐ Numbness/Tingling
- ☐ Sprains or Strains
- ☐ Chronic Fatigue
- ☐ Bruise Easily
- ☐ Ticklish Feet
- ☐ Surgeries

Explain any conditions you have marked above:

_____

_____

_____

_____

Any additional information we should be aware of?

_____

Massage Information

Have you had a professional massage before? ☐ yes ☐ no

Massage Type: ☐ Relaxation ☐ Therapeutic ☐ Combination

Preferred pressure: ☐ Light ☐ Medium ☐ Deep

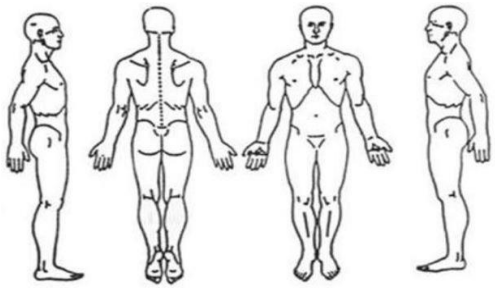
List any allergies or sensitivities _____

List any areas we should avoid _____

What are your main areas of concern?

1. _____
2. _____
3. _____
4. _____

Please mark any areas of discomfort:



Therapist Notes

By _____

Please **initial**

____ I understand that massage therapy provided by Krave Therapeutic Massage is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, and improve circulation. I understand the therapist at Krave Therapeutic Massage does not diagnose illness or disease and is not a physician and that massage therapy is not a substitute for medical treatment.

____ I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session and I will be liable for full payment of the scheduled appointment, I further understand that I will no longer be welcomed at Krave for any future visits.

____ I understand that 8 glasses of water are recommended after massage and failure to consume could cause unnecessary soreness and or illness.

____ I understand that by signing this form, I release Krave Therapeutic Massage and all Krave therapists from any claim, liability or arbitration.

____ I understand that the best results of massage are with ongoing treatment on a regular basis.

Client Signature X_____ ***Date*** _____