Janice McClure, LMP* 300 NW 80th St. Seattle, WA* (206)730-5454

CLIENT INFORMATION / HEALTH INTAKE FORM

Name _____

Address _____

City/State _____ Zip _____

Occupation _____ Birth Date _____

Telephone # _____

Business/Cell # _____

Have you ever received Therapeutic Massage? Yes ___ No ____

Are there any areas you want to avoid being treated? _____

Are you under the care of a physician or other health care practitioner?_____ If so, for what specific condition?_____

Are you pregnant? _____ If yes is indicated, what trimester?_____ If yes, are you having any problems that I should know about? _____

List any medications you are now taking and what they are used for: _____

Please check off any of the following conditions or symptoms which apply to you now or in the past:

____ serious injuries____ blood clots____ allergies____ high blood pressure____ contagious conditions____ AIDS____ stroke ____ headaches____ low blood pressure____ skin infections____ heart attack____ recent surgery____ arthritis____ varicose veins ____ back pain____ use of tobacco____ contacts____ diabetes____ allergy to perfumes or oils____ other

Any other questions / health concerns you may wish to discuss:

I understand the massage services are designed to be a health aid and are in no way to take the place of a doctor's care when it is indicated. Information exchanged during any massage session is educational in nature and is intended to help you become more familiar and conscious of your own health status and is to be used at your own discretion.

Name (signature) _____ Date _____

Emergency Contact:_____Phone_____Relationship_____

If you would like to receive notification of specials please provide your email address:

_____