

Massage By Eiki - Intake Form

Today's Date _____

Name _____

Male

Female

Address _____

Date of Birth _____

City _____ State _____ Zip _____

Okay to contact?

Phone _____ Mobile _____

YES (Mail Email Phone) NO

Email _____ Occupation _____

▶ Have you been ill recently? YES NO

▶ What type of health care are you receiving? (physicians, chiropractors, homeopaths, acupuncturists, etc.)

▶ Do you currently have, or have you had in the past, any of the following conditions: (This information is strictly confidential and may be very important to your therapy.)

_____ Diabetes

_____ Injuries

_____ Inflammation

_____ Arthritis

_____ Skin Problems

_____ Surgery (details below)

_____ Varicose Veins

_____ Numbness or Tingling

_____ Headaches

_____ Allergies (skin, scent, nuts, etc.)

_____ Cancer (history)

_____ Athlete's Foot

_____ Other _____

▶ Please list any medications you are currently taking

▶ Please list and give the years of past surgeries, major accidents, or serious injuries

▶ (Female only) Are you pregnant or trying to become pregnant? YES NO

▶ (Male only) Which draping would you prefer? Sheet Bath Towel No Draping

▶ Previous massage/bodywork experience: Never Occasionally Often

Types _____

I understand that: massage therapy involves neither diagnosis nor treatment of any condition, and is not a substitute for medical care; draping will be used as requested; neither my breasts (female) nor genital areas will be massaged; I may itemize below any areas of my body which I wish to be avoided, and these will be avoided; if I am uncomfortable for any reason I may request the therapist to end the session, and the session will be ended.

Client Signature _____

Therapist Signature _____

Eiki Yoshikawa, LMT: 4005 N Hall St #102 Dallas TX 75219
(214) 453-3509 info@massage-eiki.com
www.massage-eiki.com