First Name _____

Last Name _____

Email Address _____

Home Phone # _____

Street Address _____

State _____

Emergency contact name _____

Emergency contact relationship _____

Emergency phone # _____

Date of initial visit _____

Date of birth _____

Referred by _____

Mobile Phone # _____

Work Phone # _____

City _____

Zip Code _____

Physician's name _____

Physician's phone # _____

How would you rate your general health?

- ◯ Excellent
- ◯ Good
- ◯ Fair
- ◯ Poor

Have you had a professional massage before?

- ◯ Yes *(Date of last treatment)* _____
- ◯ No

List current medications & the conditions they are treating

_____

_____

_____

_____

_____

List any major accidents or surgeries (including dates)

_____

_____

_____

_____

_____

Please tell us about any allergies or hypersensitivities

_____

_____

_____

_____

Reason for initial visit

_____

_____

_____

_____

Client Name _____ Date _____

Therapist Name _____ Duration Of Treatment _____

SUBJECTIVE

Intensity of pain: *(circle one)*

1 2 3 4 5 6 7 8 9 10

Sensation of pain:

- ○ Dull
- ○ Sharp
- ○ Tender
- ○ Itching
- ○ Cramping
- ○ Throbbing
- ○ Tingling
- ○ Stiff
- ○ Other _____
- ○ Cold
- ○ Burning
- ○ Aching
- ○ Sensitive
- ○ Radiating
- ○ Shooting
- ○ Pressure

Time pattern of pain

- ○ Constant (pain does not change)
- ○ Intermittent (intensity doesn't change but comes & goes)
- ○ Variable (intensity changes throughout the day)

When did the pain start:

_____

Was there a specific incident that cause this pain?

- ○ Motor vehicle accident
- ○ Slept funny
- ○ Sports/exercise
- ○ Other _____
- ○ Fall
- ○ Work related

Pain/discomfort is brought on or made worse by...

_____

_____

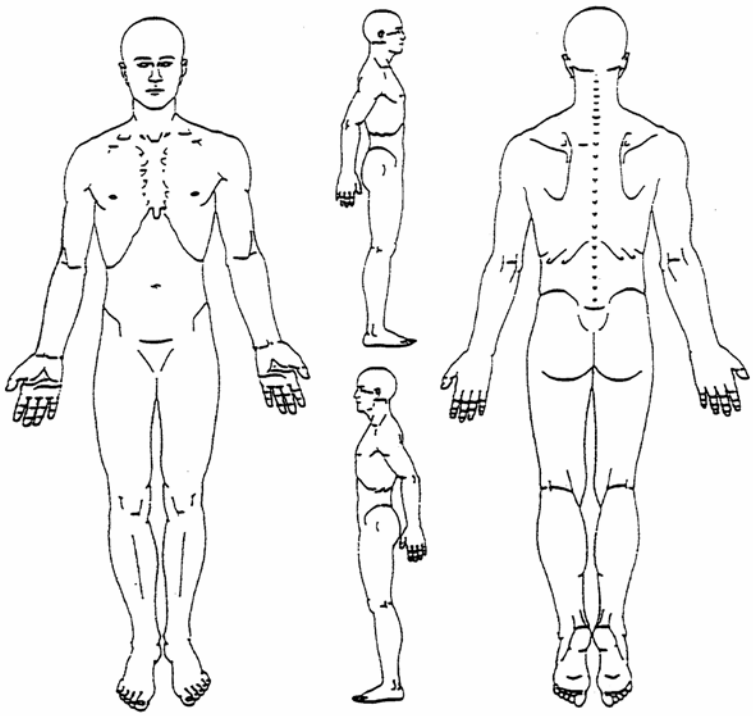
Pain/discomfort feels better with...

_____

_____

Primary area of pain:

- ✘ Adhesion
- ⟲ Rotation
- ○ Pain
- • Tender Point
- ≡ Hypertonicity
- ≈ Spasm
- ☼ Inflammation
- ⁹ Trigger point
- / Elevation



Does this pain prevent you from participating in...

- ○ Work
- ○ Sports/exercise
- ○ Other _____
- ○ Leisure activities
- ○ Sleep

Have you seen other practitioners about this issue?

- ○ Massage therapist
- ○ Chiropractor
- ○ Other _____
- ○ Physical therapist
- ○ Physician