



**MASSAGE INTAKE FORM**

NAME

DOB

ADDRESS

MEDICATIONS

MOBILE#

OCCUPATION:

EMAIL (INTERNAL USE ONLY)

HOW WERE YOU REFERRED?

YOU ARE HERE TODAY FOR?

RELAXATION  INJURY/ACCIDENT  SPECIFIC COMPLAINT

DESCRIBE:

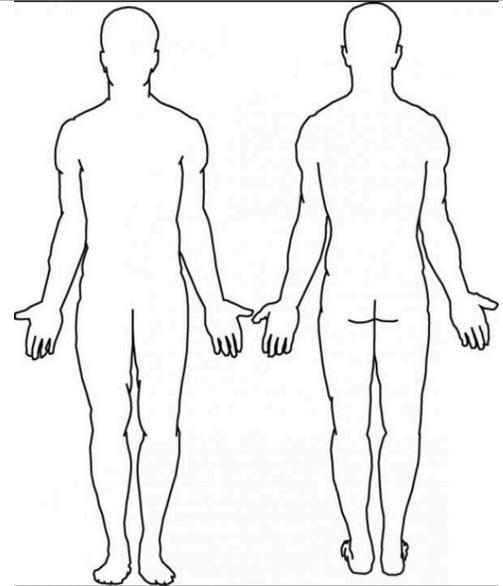
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

YES.  NO. : If necessary, I consent to Cupping and/or Graston Therapy. These modalities may leave discoloration on the skin. They are used to hydrate fascia and release scar tissue.



Do you have or have you had any of the following

CANCER: Y. N  
TYPE

YEAR DIAGNOSED

IN REMISSION. Y. N

CURRENTLY RECEIVING:

CHEMO. Y. N

RADIATION. Y. N

ONCOLOGIST NAME

ONCOLIST PHONE #

HIGH BLOOD PRESSURE  
CHRONIC BOWEL  
ISSUES

DIABETES. TYPE 1 OR 2

LIVER DISEASE

BROKEN BONES

YEAR

WHERE

NUMBNESS

WHERE

MUSCLE SPASMS

RECENT SURGERY

WHAT

WHEN

OSTEOPOROSIS  
HEART PROBLEMS

BLOOD CLOTS

WHERE

HERNIATED DISC

WHERE

FUSED DISCS

WHERE

ALLERGIES

TO WHAT

RECENT

ACCIDENT/FALL

SEE DR?

GOT XRAY?

PREGNANT. Y. N

HOW MANY WEEKS

ANY COMPLICATIONS

OB NAME

OB PHONE #

Any other conditions you've been diagnosed with?

I agree that I have listed all known medical conditions. I release Crystal Burnham and Ananta Jiva LLC from any and all liability if I fail to notify of any health changes, conditions or diagnoses.

Signature

Date