KOKORO MASSAGE

CLIENT HEALTH INTAKE FORM

PRACTITIONER: _____

CLIENT: _____ (PLEASE PRINT) **DATE:** _____

I. PATIENT INFORMATION

Date of Birth: _____

E-Mail Address: _____

Phone **home:** _____

cell: _____

work: _____

Address **street:** _____

apt/unit: _____ **city:** _____

state: _____ **zip:** _____

Work **employer:** _____

occupation: _____

work address: _____

_____

Emergency Contact **name:** _____

phone: _____

Goals for Treatment: _____

_____

Areas to Avoid: _____

II. PRIMARY HEALTH CARE PROVIDER/PHYSICIAN

name: _____

phone: _____ **fax:** _____

address: _____

_____

NOTE: I will not contact your health care providers without your permission and swear to safeguard client confidentiality unless disclosure is required by law.

III. MEDICATIONS *(prescription & OTC, include reason for taking)*

_____

_____

_____

IV. CURRENT HEALTH INFORMATION

List your current health concerns. Be sure to include those that bring you to massage therapy (e.g., low-back pain, headaches, anxiety, post-surgery pain, poor posture, etc.).

1. PRIMARY: _____

☐ **MILD** ☐ **MODERATE** ☐ **DISABLING**

☐ **INTERMITTENT** ☐ **CONSTANT** ☐ **w/ACTIVITY**

☐ **IMPROVING** ☐ **WORSENING** ☐ **NO CHANGE**

TREATMENT RECEIVED/RECEIVING:

_____

2. SECONDARY: _____

☐ **MILD** ☐ **MODERATE** ☐ **DISABLING**

☐ **INTERMITTENT** ☐ **CONSTANT** ☐ **w/ACTIVITY**

☐ **IMPROVING** ☐ **WORSENING** ☐ **NO CHANGE**

TREATMENT RECEIVED/RECEIVING:

_____

3. Additional: _____

☐ **MILD** ☐ **MODERATE** ☐ **DISABLING**

☐ **INTERMITTENT** ☐ **CONSTANT** ☐ **w/ACTIVITY**

☐ **IMPROVING** ☐ **WORSENING** ☐ **NO CHANGE**

TREATMENT RECEIVED/RECEIVING:

_____

ACTIVITIES LIMITED BY CONDITIONS:

_____

_____

EXERCISE ACTIVITY & FREQUENCY:

_____

_____

SELF-CARE ROUTINES: *(How do you reduce stress and pain?)*

_____

_____

V. Health History

List and explain. Include dates and treatment received.

Surgeries:

Injuries, Accidents:

Major Illnesses, Hospitalizations:

Additional Comments:

VI. Past & Current Conditions

Check all that apply. Please explain on the lines provided.

General

past	current	condition & explanation
☐	☐	headaches/migraines:
☐	☐	pain:
☐	☐	sleep troubles, fatigue:
☐	☐	infection, open wound:
☐	☐	fever:
☐	☐	lice:
☐	☐	other:

Allergies & Sensitivities

past	current	condition & explanation
☐	☐	scents, oils, lotions:
☐	☐	detergents:
☐	☐	food:
☐	☐	seasonal:
☐	☐	other:

Muscles, Bones, & Joints

past	current	condition & explanation
☐	☐	arthritis:
☐	☐	osteoporosis:
☐	☐	spinal or disk issues:
☐	☐	fibromyalgia:
☐	☐	TMJ, jaw pain:
☐	☐	spasms, cramps:
☐	☐	broken bones:
☐	☐	sprains, strains:
☐	☐	tendonitis, bursitis:
☐	☐	stiff or painful joints:
☐	☐	weak or sore muscles:
☐	☐	neck, shoulder, arm pain:
☐	☐	low back, hip, leg pain:
☐	☐	other:

Skin Conditions

past	current	condition & explanation
☐	☐	rashes:
☐	☐	athlete's foot:
☐	☐	warts:
☐	☐	abnormal lumps:
☐	☐	other:

Nervous System

past	current	condition & explanation
☐	☐	head injuries, concussions:
☐	☐	dizziness, fainting:
☐	☐	ringing in ears:
☐	☐	memory loss, confusion:
☐	☐	numbness, tingling:
☐	☐	shooting pain, sciatica:
☐	☐	depression, anxiety:
☐	☐	other:

Endocrine System

past	current	condition & explanation
☐	☐	glandular issues:
☐	☐	diabetes:
☐	☐	other:

Digestive & Elimination

past	current	condition & explanation
☐	☐	digestive/bowel issues:
☐	☐	gas, bloating:
☐	☐	bladder, kidney, prostrate:
☐	☐	liver, pancreas:
☐	☐	abdominal pain:
☐	☐	other:

Reproductive System

past	current	condition & explanation
☐	☐	pregnancy:
☐	☐	abnormal menstruation:
☐	☐	other:

RESPIRATORY & CARDIOVASCULAR

past	current	condition & explanation
☐	☐	heart disease:
☐	☐	heart attack:
☐	☐	pacemaker:
☐	☐	blood clots:
☐	☐	stroke:
☐	☐	lymphedema, swelling:
☐	☐	high, low blood pressure:
☐	☐	irregular heartbeat:
☐	☐	circulation issues:
☐	☐	varicose veins:
☐	☐	chest pain, short breath:
☐	☐	lung disease:
☐	☐	sinus issues:
☐	☐	tuberculosis:
☐	☐	pneumonia:
☐	☐	asthma:
☐	☐	other:

IMMUNE SYSTEM

past	current	condition & explanation
☐	☐	chicken pox, shingles:
☐	☐	mono:
☐	☐	lupus:
☐	☐	herpes simplex:
☐	☐	hepatitis:
☐	☐	HIV, AIDS
☐	☐	other:

CANCER/TUMORS

past	current	condition & explanation
☐	☐	benign tumour:
☐	☐	malignant tumour:
☐	☐	cancer, chemotherapy:
☐	☐	other:

HABITS *(list frequency)*

past	current	condition & explanation
☐	☐	tobacco:
☐	☐	alcohol:
☐	☐	soda:
☐	☐	marijuana:
☐	☐	drugs:
☐	☐	other:

ADDITIONAL CONDITIONS & COMMENTS:

VII. OPTIONAL INFORMATION

Feel free to expand on your massage experience and preferences. You are welcome to leave any or all of this blank.

Preferred Appointment Days & Times

How did you hear about Kokoro Massage?

When was your last massage?

How often do you like to receive massage?

Any preferences regarding music, pressure, techniques, temperature, etc.?

VII. CLIENT AGREEMENT & CONSENT FOR CARE

I, _____ (please print first and last name) *promise that I have reported all health conditions and physical limitations that I am aware of and will inform my practitioner of any changes in my health. I understand that some conditions are contraindicated for massage and that the massage practitioner must be aware of any and all existing health conditions in order to provide appropriate treatment and care. I also understand that a massage practitioner neither diagnoses nor prescribes for illness, disease, or any other medical, physical, or emotional disorder and does not perform joint or spinal manipulations or adjustments. I am responsible for consulting a qualified primary health care provider for any physical ailment that I may have.*

SIGNATURE: _____

DATE: _____