

# Ultimate Sports Massage Therapy

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910-238-2126

## CLIENT HISTORY INTAKE FORM

NAME: _____	DATE: _____
ADDRESS: _____	
EMAIL: _____	
PHONE#: _____	PLEASE PRINT INFORMATION

Purpose (please circle one):    Treatment            Prevention & Maintenance

Referred by: \_\_\_\_\_

### General Medical Signs and Symptoms

Please indicate if you and any of the following conditions:

Symptom	Yes	No	Location: Please describe
1. Any area of infection?			
2. Any area of swelling, edema, or tendency of swelling?			
3. Any areas of numbness or abnormal sensation?			
4. Any areas of pain or tenderness?			

### Specific Medical Conditions

For your safety, I need to be aware of all medical conditions for which you have been diagnosed, Therapeutic massage may impact it (condition) and your health.

Condition	Yes	No	Please describe, in detail.
5. Arthritis			
6. Cancer or Tumors			
7. Cardiovascular Disease			
8. Diabetes			

9. Any past/previous/recent injuries			
10. Kidney or Liver Disease			
11. Skin conditions			
12. Other medical conditions not listed above			

Other Medical History

13. Any recent car accident? If yes, when? \_\_\_\_\_
14. Do you take any regular medications? If yes, please describe and include any medicated creams/ointments. \_\_\_\_\_
15. What, if any, medications have been taken in the last 24 hours?  
\_\_\_\_\_
16. Surgeries? If yes, what type and when? \_\_\_\_\_
17. Are you pregnant? \_\_\_\_\_

The general benefits of massage, possible massage contraindications and the treatment procedure have been explained to me. I understand that massage therapy is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my primary care giver for any condition I may have. I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications, and that the spinal manipulations are not part of massage therapy.

I have informed the massage therapist of all my known physical conditions, medical conditions and medications, and I will keep the massage therapist updated on any changes.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_