

# Massage and Bodywork Intake Form

Inspire Me Chiropractic Studio & Health Spa  
1503 Johnson Ferry Rd. Ste. 100, Marietta, GA 30062  
(678) 819-2556



## Client Information

Name \_\_\_\_\_ Date \_\_\_\_\_  
Street \_\_\_\_\_ Day Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Eve Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
Referred By \_\_\_\_\_ Email \_\_\_\_\_  Opt into mailings

## Massage History / Session Information

Have you ever received a professional massage?  Yes  No Date of last Massage \_\_\_\_\_  
What result do you want from you massage session? \_\_\_\_\_  
List any exercise activities, include frequency \_\_\_\_\_  
\_\_\_\_\_  
Are you currently under the care of a health practitioner?  Yes  No  
If yes, please specify purpose \_\_\_\_\_  
List current medication and purpose \_\_\_\_\_  
\_\_\_\_\_

## Previous History (Include year and treatment)

Injuries/accidents/illnesses still affecting you \_\_\_\_\_  
\_\_\_\_\_  
Surgeries \_\_\_\_\_  
\_\_\_\_\_

Please mark any of the following that pertains to you

Musculoskeletal

- Bone and joint disease
- Tendonitis / Bursitis
- Arthritis / Gout
- Jaw Pain (TMJ)
- Lupus
- Spinal Problems
- Other \_\_\_\_\_

Respiratory \_\_\_\_\_

- Breathing difficulty / Asthma
- Emphysema
- Allergies, Specify \_\_\_\_\_
- Sinus Problems
- Other \_\_\_\_\_

Nervous System

- Shingles
- Numbness / tingling
- Pinched Nerve
- Other \_\_\_\_\_

Reproductive

- Pregnant, stage \_\_\_\_\_
- Ovarian / Menstrual problems
- Prostate
- Other \_\_\_\_\_

Additional Client Remarks/Comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Circulatory

- Heart Condition
- Phlebitis/ Varicose Veins
- Blood Clots
- High / Low Blood Pressure
- Lymphedema
- Thrombosis / Embolism
- Other \_\_\_\_\_

Skin

- Allergies,  
specify \_\_\_\_\_
- Rashes  Athletes foot
- Herpes / Cold Sores
- Other \_\_\_\_\_

Digestive

- Irritable bowel syndrome
- Ulcers
- Other \_\_\_\_\_

Other

- Cancer / tumors
- Bladder / Kidney ailment
- Diabetes
- Drug / Alcohol/Caffeine /tobacco
- Chronic fatigue
- Chronic pain
- Sleep disorders
- Migraines /headaches
- Anxiety / stress syndrome
- Depression
- Contact Lenses

## Massage Therapy Waiver and Consent

I have completed this form to the best of my knowledge and will inform the massage therapist of any change in my health.

I understand that my massage therapist cannot diagnose illness, disease, or any other medical, physical, or emotional disorder, nor perform any spinal manipulations. I am responsible for consulting a qualified physician for any ailments that I have.

I understand that massage therapy is a therapeutic health aide and is non-sexual.

I understand that if the massage therapist starts the session late, she/he will make it up to me at the end of my session if possible or adjust my fees accordingly. I understand that if I arrive late, my session will end at the original scheduled time so the client following me is not penalized.

I agree to give 24-hour notice for a schedule session that I cannot keep. I am aware that I may be charged the full fee for any session that I do not give 24-hour notice to cancel or reschedule.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

I understand that the practice of Massage Therapy is a separate and distinct business entity than therapy from the practice of Chiropractic provided by Dr. Jodi Dixon, D.C. of Inspire Me Chiropractic Studio & Health Spa at 1503 Johnson Ferry Rd, Suite 100 Marietta, GA 30062

Signed \_\_\_\_\_ Dated \_\_\_\_\_

I am interested in a Chiropractic Consultation.       I am interested in detoxification.