



Welcome to Black Mountain Bodyworks! Please complete this intake form prior to your massage service.

This information should reflect current medical information only. Historical details are only relevant if they are still affecting you today. Thank you!

Name _____ Birth Date _____

Email Address _____ Cell Phone _____

Emergency Contact _____ Emergency Number _____

Occupation _____ Sport/Hobby _____

MEDICAL INFORMATION

Are you taking any medications? Please list the name and reason. _____

Are you currently seeing a healthcare professional? Please list names and reason/treatment. _____

Please review this list and circle the conditions that are affecting your health.

arthritis	diabetes	blood clots	bruising	cancer	broken/dislocated bones
chronic pain	IBS	hepatitis	skin condition	stroke	auto-immune condition
surgery	headaches	TMJ	heart condition	backaches	high blood pressure
insomnia	pregnancy	scoliosis	seizures	whiplash	muscle strain/sprain
chemical dependency	depression, panic disorder or other psych condition				

If any of the above needs to be detailed or if there is anything else to share, please do so.

Do you currently have any of the following?

skin rash cold/flu open cuts severe pain anything contagious injuries/bruises

Do you have any allergies?

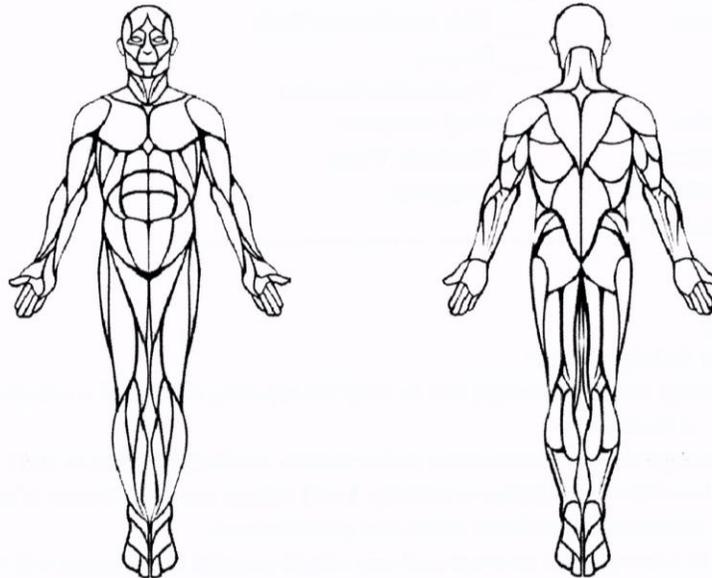
medications foods (nuts, citrus) skin care products environmental allergens (dust, pollen, fragrances)

Are you wearing contacts or hearing aids? Any other devices? _____

MASSAGE SERVICES

Have you ever received massage therapy before? If so, what type and when was your last massage?

Below, please indicate any areas in which you are feeling discomfort.



I WOULD LIKE MY MESSAGE TO BE MORE:

SMOOTH AND FLOWING

1 2 3 4 5 6 7 8 9 10

DEEP AND FOCUSED

MY TOLERANCE FOR PRESSURE IS:

LIGHT

1 2 3 4 5 6 7 8 9 10

DEEP

It is normal for your body to respond in different ways to the relaxation of the massage table. Trust your body to express what it needs to – including but not limited to changing position, sighing, yawning, changes in breathing, stomach gurgling, emotional feelings and/or expression, movement of intestinal gas, energy shifts, falling asleep, memories, and etc.

Please read and sign below –

- I understand that massage, while therapeutic, is no substitute for medical examination, diagnosis and treatment.
- Any sexual remarks or advances will terminate the session and I will be responsible for payment for the entire scheduled session,
- Massage has specific contraindications and as such, I affirm I have answered all the medical questions truthfully.

Signature _____ Date _____