



RVA Massage and Wellness, LLC

# CLIENT INTAKE FORM

## Personal Information

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: home ( ) \_\_\_\_\_ - \_\_\_\_\_ work ( ) \_\_\_\_\_ - \_\_\_\_\_ cell ( ) \_\_\_\_\_ - \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
 Occupation \_\_\_\_\_ Referred by \_\_\_\_\_  
 Have you ever received a professional massage before? Yes / No  
 Emergency Contact \_\_\_\_\_ Phone( ) \_\_\_\_\_ - \_\_\_\_\_

## Health Information

Please circle conditions or symptoms that you currently have or have experienced in the past:

- |                  |                  |                     |               |                 |
|------------------|------------------|---------------------|---------------|-----------------|
| Allergies        | Cancer           | Heart Disease       | Neck Pain     | Skin Conditions |
| Anxiety Diabetes | Herniated Disks  | Numbness            | Tingling      | Sprains         |
| Arthritis        | Digestive Issues | High Blood Pressure | Osteoporosis  | Swelling        |
| Asthma           | Fibromyalgia     | Insomnia            | Pinched Nerve | Tendonitis      |
| Blood Clots      | Fractures        | Low Back Pain       | Seizures      | Varicose Veins  |
| Bursitis         | Headaches        | Migraine            | Scoliosis     | Whiplash        |

List any medical conditions, surgeries, accidents and/or injuries not specified above.

Date \_\_\_\_\_ Date \_\_\_\_\_  
 Date \_\_\_\_\_ Date \_\_\_\_\_

If female, are you pregnant? Yes / No Due Date \_\_\_\_\_

Exercise Level: None Occasional Frequent Daily

Activities: Walking Yoga Running Cycling Swimming Weights Other \_\_\_\_\_

List any medications or supplements: \_\_\_\_\_

Current healthcare provider and Phone: \_\_\_\_\_

I agree to inform the practitioner if, at any time during a session, I experience pain or discomfort. Failure to do so will result in the full release of liability for RVA Massage and Wellness and any and all associates. I understand my massage therapist is an independent contractor and forever release RVA Massage and Wellness from any and all liability concerning the independent practitioner. I understand the massage therapist does not diagnose disease or prescribe medical treatment. Massage therapy is not a substitute for medical examination and it is recommended that I see my physician for any physical ailment. I have read the above waiver of liability and fully understand its contents.

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

Signature of Legal Guardian (if necessary) \_\_\_\_\_ Date: \_\_\_\_\_