Lisa "L" René
Therapeutic and Oncology
Licensed Massage Therapist
Medical Massage Practitioner

Intake Questionnaire and Client's Consent

Mind ~ Body ~ Harmony, LLC
mindbodyharmonyllc@gmail.com
(434) 872-1308

Name:_____ _____ _____
First Middle Last

Adress: _____ _____ _____ _____
Street City State Zip Code

Cell Phone: (_____)_____ EMAIL:_____

Emergency Contact & Relationship: _____

Age: _____ Date of Birth: _____ Referred by:_____

LIFESTYLE
Occupation: _____ Posture assumed most of the day: _____
Exercise (type, how often):_____
With whom do you live (specifically): _____
Rate your general energy level (1-10):_____ Rate your stress level (1 - 10): _____
What are your major stressors (circle all that apply): Job School Family Finances Relationship Health
Other:_____
Where in your body do you hold tension?_____
What goals or concerns are you hoping to address in today's session? _____
_____
_____
_____
What areas **do you not** want massaged today? _____
Are you ticklish? Yes or No Where?_____

MEDICAL HISTORY
Please give dates and explain any previous injuries, trauma, illnesses (including recent flu, fever, other), or surgical procedures:
_____
Are you currently under medical treatment/monitoring? Yes or No Conditions:_____
_____
List ALL medications you are currently taking (prescribed, OTC, recreational, herbal, etc.): _____
_____
_____

Which of the following medical conditions apply to you? (Circle all that apply) Allergies Diabetes Asthma Cancer
High Blood Pressure Fibromyalgia Anxiety Depression BiPolar Headaches Migraines Epilepsy Heart Disease
Varicose Veins HIV/AIDS Scoliosis Multiple Sclerosis Hip Pain or Replacement Knee Pain or Replacement Stroke
Neck Pain or Surgery Rotator Cuff Pain or Surgery Kidney Disease Scar Tissue Achilles Tendonitis Plantar Fasciitis
Gastrocnemius/Soleus Injury or Surgery Digestive Disorders Rheumatoid Arthritis(RA) Brittle Bones Infectious Skin Disease
Vascular Disease TMJ Edema Osteoarthritis(OA) Gout Lupus Psoriatic Arthritis(PA) Athletes's Foot PTSD
Other:_____

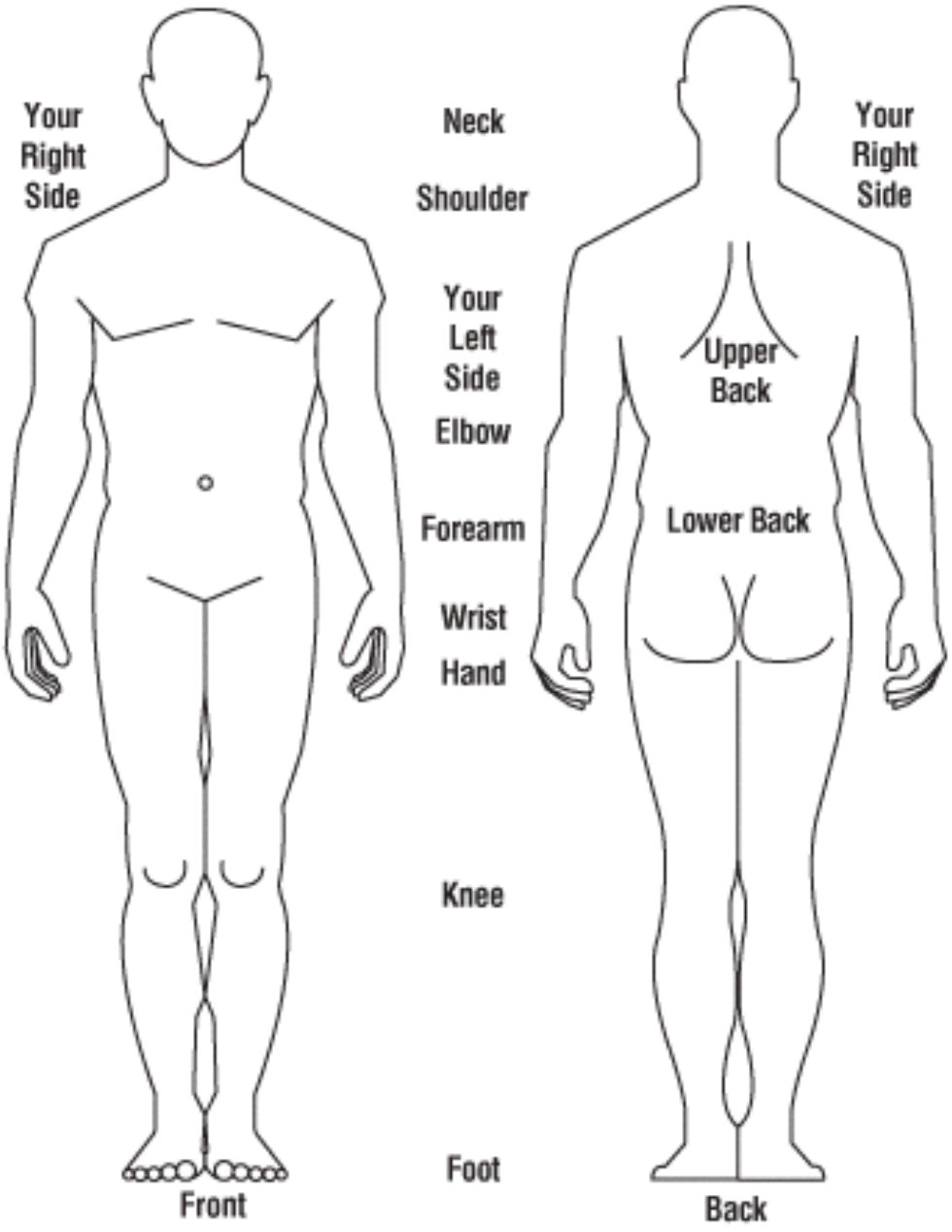
WOMEN - MEDICAL
Have you completed menopause: Yes or No Are you or could you be pregnant: Yes or No

ONCOLOGY CLIENTS
Diagnosis:_____ Stage: _____
Area(s) of body:_____
Are you currently being treated? Yes or No Prognosis:_____ Date of Remission: _____
Last Chemotherapy date: _____ Next Chemotherapy date:_____
Last Radiation date:_____ Next Radiation date:_____

Port: Yes or No **Lymph Nodes Removed:** Yes or No **Where:**_____ **Lymphedema:** Yes or No

Blood Clots (DVT): Yes or No **Where:**_____ **Cellulitis:** Yes or No **Where:** _____

For Client: Circle injury, surgery and/or pain areas of your body. Rate your pain level from 1 (lowest) to 10 (highest) by placing the number in the affected area.



CLIENT'S CONSENT FOR THERAPUTIC MASSAGE SERVICES

I understand that the therapeutic massage performed by Lisa "L" Rene'/Massage Practitioner and Mind ~ Body ~ Harmony, LLC is for the purpose of: stress reduction, pain reduction, relief from muscle tension, increasing circulation, injury or other specific reasons stated above.

I understand that the Massage Therapist does not diagnose illness or disease and does not prescribe medical treatment or pharmaceuticals, nor are spinal manipulations part of massage therapy.

I understand that massage therapy is not a substitute for medical care and that it is recommended that I work with my primary caregiver for any condition I may have.

I have stated all my known physical conditions and medications, and I will keep Lisa "L" René., LMT updated on any changes. I will not hold responsible or pursue legal action against Lisa "L" René, LMT and Mind ~ Body ~ Harmony.
I am willfully and voluntarily requesting therapeutic massage services to be performed. I understand payment in the form of cash or local check made payable to Lisa René is required at the time of each session.

_____
Client signature

_____
Date of Session

MASSAGE THERAPIST ASSESSMENT INFORMATION

Modalities/Technique/Tools Used This Session:

_____
_____
_____
_____
_____
_____
_____

Recommendations to Client:

_____
_____
_____

08/2018