REJUVENATION STATION

CLIENT INTAKE INFORMATION FORM

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (day) _____ (eve) _____ Date of Birth: _____

Occupation: _____ Employer: _____

Referred by: _____ Physician: _____

Your E-mail: _____

Previous experience with massage:

_____

Primary reason for appointment / areas of pain or tension:

_____

Emergency Contact - Name and Number: _____

Please mark (X) for all conditions that apply now. Put a (P) for past conditions, an (F) for family history of illness.

Pain Scale: minor - 1 2 3 4 5 6 7 8 9 severe - 10

_____ headaches, migraines
_____ vision problems, contact lenses
_____ hearing problems, deafness
_____ injuries to face or head
_____ sinus problems
_____ dental bridges, braces
_____ jaw pain, TMJ problems
_____ asthma or lung conditions
_____ constipation, diarrhea
_____ hernia
_____ birth control, IUD
_____ abdominal or digestive problems
_____ hormone therapy

_____ chronic pain
_____ muscle or joint pain
_____ muscle, bone injuries
_____ numbness or tingling
_____ sprains, strains
_____ arthritis, tendonitis
_____ cancer, tumors
_____ diabetes
_____ pregnancy
_____ heart, circulatory problems, stroke
_____ phobias
_____ antibiotics
_____ other medical conditions not listed

_____ fatigue
_____ tension, stress
_____ sleep difficulties
_____ depression
_____ allergies, sensitivities
_____ rashes, athetes foot
_____ infectious diseases
_____ blood clots
_____ varicose veins
_____ high/low blood pressure
_____ cerebral palsy
_____ epilepsy
_____ acne/acutane
_____ psoriasis, eczema

_____ vitamins / supplements _____ diuretics How much water do you drink daily? _____

Do you excercise regularly? _____ How would you describe your overall level of stress? ☐ low, ☐ Medium, ☐ high

Explain any areas noted above:

_____

_____

_____

Current medications, including aspirin, ibuprofen, herbs, supplements, etc.:

_____

_____

Surgeries: _____

Accidents: (Bodily Injury) _____

Please list all forms and frequency of stress reduction activities, hobbies, exercise or sports participation:

_____

_____

Permission given to work on me *(signature)* **x** _____ **Date:** _____