Mickie Grist, Licensed Esthetician, LMT
Massage Intake Form

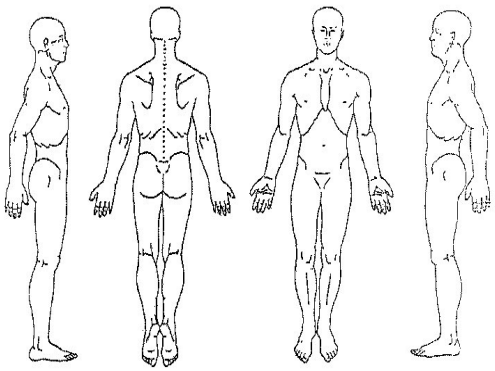
Date:_____ Name:_____ Referred By:_____
Address:_____
Phone Number:_____ Birthday:_____
Email:_____ Occupation:_____
Emergency Contact:_____ Phone Number:_____
Would you like us to email you special offers? Yes_____ No_____
Would you like us to call you to remind you of your appointments? Yes_____ No_____
Have you ever had a professional massage? Yes____ No____ If yes, date of last massage_____
What are your goals for this session? _____
(relaxation, pain relief, stress relief, injury rehabilitation, maintenance, etc.)
What type of touch do you prefer? Light_____ Medium_____ Deep_____
Are you currently under the guidance of a coach or athletic trainer? Yes_____ No_____
How would you rate your stress of a scale of 1-10? _____
What do you do to reduce stress? _____
Are you currently taking any medications? Yes_____ No_____
Please list medication and why they are prescribed: (include aspirin, herbs, etc.)
Medications:_____
Prescribed For_____
Are you allergic to anything? If yes, what? _____

Health Problems (Check all that apply)

- ☐ High Blood Pressure
- ☐ Stiff Neck
- ☐ Broken Bones
- ☐ Low Blood Pressure
- ☐ Hernia/Rupture
- ☐ Fractures
- ☐ Heart Condition
- ☐ Whip Lash
- ☐ Recent Fever
- ☐ Nervous Condition
- ☐ Diabetes
- ☐ Cancer
- ☐ Allergies
- ☐ Epilepsy
- ☐ Migraines
- ☐ Hypoglycemia
- ☐ Asthma
- ☐ Depression
- ☐ Emphysema
- ☐ Serious Accident
- ☐ Rashes
- ☐ Sinus Problems
- ☐ Pregnancy
- ☐ Contagious Disease
- ☐ PMS
- ☐ Insomnia
- ☐ Decreased Range of Motion
- ☐ Arthritis
- ☐ Neck/Shoulder/Arm Pain
- ☐ Skin Disorders
- ☐ Jaw Pain/TMJ
- ☐ Bursitis
- ☐ Tendonitis
- ☐ Varicose Veins
- ☐ HIV
- ☐ Blood Clots
- ☐ Inflammation
- ☐ Low Back/Hip Pain
- ☐ Other

List any surgeries within the past five years_____
List any accidents within the past five years_____
Do you have any of the following today? Sunburn____ Inflammation____ Severe Pain____ Headache____
Abrasions, Burns, Bruises____ Irritated Skin Rash____ Poison Ivy____ Cold/Flu_____

Using the diagrams, please indicate any areas of pain or discomfort



DOSHA QUIZ

Answer the following questions and add up your scores.

Body Frame:

a) I am thin, lanky, or slender with prominent joints and thin muscles.
b) I have a medium symmetrical muscle build with good muscle development
c) I have a large, round, or stocky build. My frame is broad, stout, or thick.

Weight:

a) Low: I may forget to eat or have a tendency to lose weight
b) Moderate: It is easy for me to gain or lose weight if I put my mind to it.
c) Heavy: I gain weight easily and have difficulty losing it.

Eyes:

a) My eyes are small and active
b) I have a penetrating gaze.
c) I have large, pleasant eyes.

Complexion:

b) My skin is dry, rough, or thin
c) My skin is warm, reddish in color and prone to irritation
d) My skin is thick, moist, and smooth

Hair:

a) My hair is dry, brittle, or frizzy.
b) My hair is fine with a tendency towards early thinning or graying
c) I have abundant thick and oily hair

Joints:

a) My joints are thin and prominent and have a tendency to crack
b) My joints are loose and flexible
c) My joints are large, well knit, and padded

Sleep Pattern:

a) I am a light sleeper with a tendency to awaken easily
b) I am a moderately sound sleeper, usually needing less than eight hours to feel well rested
c) My sleep is deep and long. I tend to awaken slowly in the morning.

Body Temperature:

a) My hands and feet are usually cold and I prefer warm temperatures.
b) I am usually warm regardless of the season, and prefer cooler environments.
c) I am adaptable to most temperatures, but do not like cold, wet days.

Temperament:

a) I am lively and enthusiastic by nature. I like to change.
b) I am purposeful and intense. I like to convince.
c) I am easy going and accepting. I like to support.

Under Stress:

a) I become anxious and/or worried
b) I become irritable and/or aggressive
c) I become withdrawn and/or reclusive.

Your Personal Score

Total # of a's_____ Total # of b's_____ Total # of c's_____

It is my choice to receive massage therapy and I acknowledge that all therapy received by me is to be of a therapeutic nature for the relaxation and well-being of my body and mind. I agree to communicate with my therapist if I feel that my well being is being compromised. I understand that massage therapists do not diagnose illness, disease or any physical or mental disorders; nor do they do any spinal manipulations or prescribe any medical treatments or pharmaceuticals. I understand that massage is not a substitute for medical examination or diagnosis, and that is recommended that I see my primary physician for those services. I have stated all medical conditions that I am aware of and will advise my therapist of any changes in my health status.
I also agree to give at least a 24 hour cancellation notice if I cannot meet my scheduled appointment so that another client may be scheduled in that time slot. Otherwise a $25 fee will be charged. Thank you for your support.

Signature_____ Date_____