STARK STATE COLLEGE MASSAGE THERAPY CLINIC

PATIENT INTAKE FORM

DATE_____

Name:_____

Address:_____

City: _____ State:_____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Date of Birth: _____ Occupation: _____

Emergency Contact: Name: _____

Phone: _____ Relationship: _____

Referred by: _____

What are your goals for this treatment? _____

Present Symptoms: What is your major complaint or condition you want to improve? _____

When did you first notice major complaints? _____

What brought it on? _____

What activities aggravate the condition? _____

Is this condition getting progressively worse? _____

Does this condition interfere with work? Y N Sleep? Y N Daily Routine? Y N

What have you done to get relief? _____

Has there been a medical diagnosis? Yes No

If so, by whom? Please explain _____

Are you under medical/therapeutic treatment? Yes No

If yes, for what condition? _____

Please list you care provider's name and phone number: _____

_____

List any medications (including aspirin) and nutritional supplements you are taking: _____

_____

_____

Any known allergies? _____

Please list any additional comments regarding your health and general well-being: _____

_____

MASSAGE THERAPY INFORMED CONSENT

I, _____, (patient) understand that massage provided by Stark State College massage students is intended to enhance relaxation, reduce pain caused by muscle tension, improve circulation and offer a positive experience of touch.

I understand that massage is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Caregiver for any condition I may have. I am aware that the massage student does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of the massage session.

I have informed the massage student of all my known physical conditions, medical conditions and medications, and I will keep the massage student updated on any changes. I understand that there shall be no liability on Stark State College's Massage Program and students due to my forgetting any pertinent information.

If I experience any pain or discomfort during the session, I will immediately communicate that to the massage student so the treatment can be adjusted.

I understand and agree to all of the massage clinic's policies.

_____ _____

Patient Signature Date