

UNIVERSITY OF NEW HAMPSHIRE
HEALTH SERVICES



Form #308.2

MR # _____

MESSAGE THERAPY INTAKE FORM

PERSONAL DATA

NAME _____ DATE _____

Date of Birth _____ SS# _____

HEALTH HISTORY

Your general condition of health _____

Are you presently experiencing any pain or discomfort? If so, where: _____

Have you ever had any serious illness or injury? _____ If yes, please describe: _____

Have you ever had any major surgery/operations? _____ If so, for what: _____

Any Heart condition? _____ Blood pressure problems? _____ Pregnant? ___Yes ___No

Please list medications your currently taking and reasons for use: _____

Please list any allergies: _____

Do you take supplements? _____ If so, which ones: _____

Do you wear contacts? _____

Are you currently being treated by a Doctor, Chiropractor or other practitioner? _____

If so, for what: _____

Have you received a massage before? _____

What do you expect from this massage? _____

I understand that massage services are offered as to be a health aid and are in no way meant to take the place of a doctor's care when it is indicated. Information exchanged during massage sessions is educational in nature and intended to help you become more familiar with your own health status.

Date _____ Your Signature _____

Reviewed by: _____ Date: _____

Message Therapist Signature