

Berkeley Community Acupuncture
4022 Tennyson St.
Denver, Co 80212
(303) 351-1228

Massage Intake Form:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Would you like to be added to our E-Mail newsletter to find out about news, events and specials: Yes ___ No ___

Sex: _____ Age: _____ DOB: _____ Height: _____ Weight: _____

Marital Status: _____ Number of Children _____

Personal Physician: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Occupation: _____ Referred By: _____

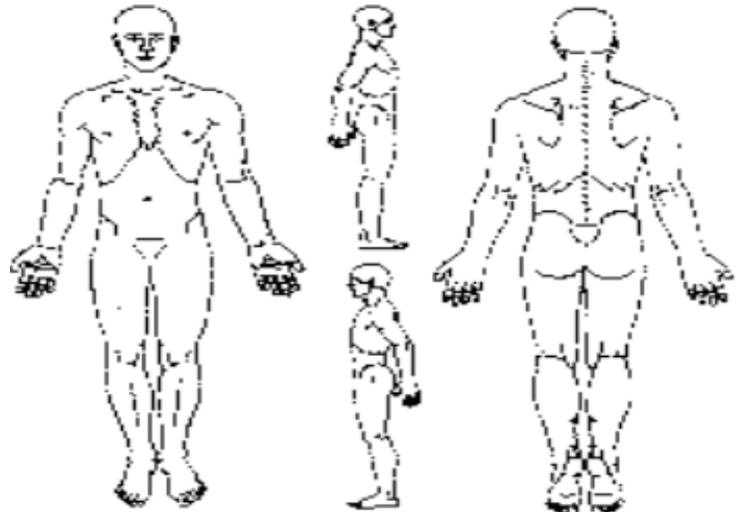
Please describe the problem(s) you would like addressed:

1. _____

Pain / Discomfort Diagram

Please use the following symbols to indicate the location of your pain or discomfort

Dull & Achy +++++ Stiff & Tight 22222
 Burning XXXXX Sharp & Stabbing 00000
 Pin & Needles :::::::::: Numbness #####



PAIN INTENSITY

Neck	0	1	2	3	4	5	6	7	8	9	10	(circle)
Low Back	0	1	2	3	4	5	6	7	8	9	10	(circle)
Shoulder	0	1	2	3	4	5	6	7	8	9	10	(circle)
Shoulder	0	1	2	3	4	5	6	7	8	9	10	(circle)
Knee	0	1	2	3	4	5	6	7	8	9	10	(circle)
_____	0	1	2	3	4	5	6	7	8	9	10	(circle) "Other please specify"

Patient Name _____ Date _____

General & Medical Information

Have you ever experienced a professional massage? _____

Do you have any of the following conditions? If yes, please explain below as clearly as possible.

- _____ Stress _____ Allergies _____ Contagious disease
- _____ Diabetes _____ Wear contact lenses _____ Back pain
- _____ Pregnant _____ Cancer _____ Cardiac/circulatory problems
- _____ Arthritis _____ Sensitive to touch or pressure _____ Frequent headaches
- _____ Osteoporosis _____ Epilepsy or seizures _____ Bruise easily
- _____ Joint swelling _____ Varicose veins _____ Depression
- _____ High blood pressure. If yes, are you taking medication for this? Explain below.
- _____ Surgery in the past five years? Explain below.
- _____ Accident or suffered any injuries in the past 2 years? Broken bones, etc. Explain below.
- _____ Other medical conditions not listed. Explain below.

Comments: _____

I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the massage therapist updated as to any changes in my medical profile during the session and understand that there shall be no liability on the massage therapists part should I fail to do so. I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session. I also understand that the License Massage Therapist reserves the right to refuse to perform massage on anyone whom he/she deems to have a condition for which massage is contraindicated.

Client Signature _____ Date _____

THERAPIST'S NAME: _____