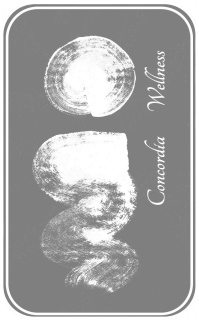


Concordia Wellness, LLC HEALTH INTAKE FORM

Name _____ Date _____

Address _____

Phone _____ Email _____

Date of Birth _____ Gender _____ How did you hear about us? _____

Emergency Contact Name_____ Phone _____

What are you hoping to gain from massage? _____

_____

When was your last massage? _____

Prescription Medications	Reason Taken	Side Effects
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Other Medications: _____

Please list any injuries in past 5 years, and any prior injuries that have caused lasting impacts

_____

Please list any surgeries in past 5 years, and any prior surgeries that have caused lasting side effects

_____

Allergies _____ Females: Pregnant? Y N If yes, due date _____

How many hours per day do you . . .

exercise? _____ sit at a computer? _____ sleep? _____

Do you have any illnesses or symptoms of illness? Y N

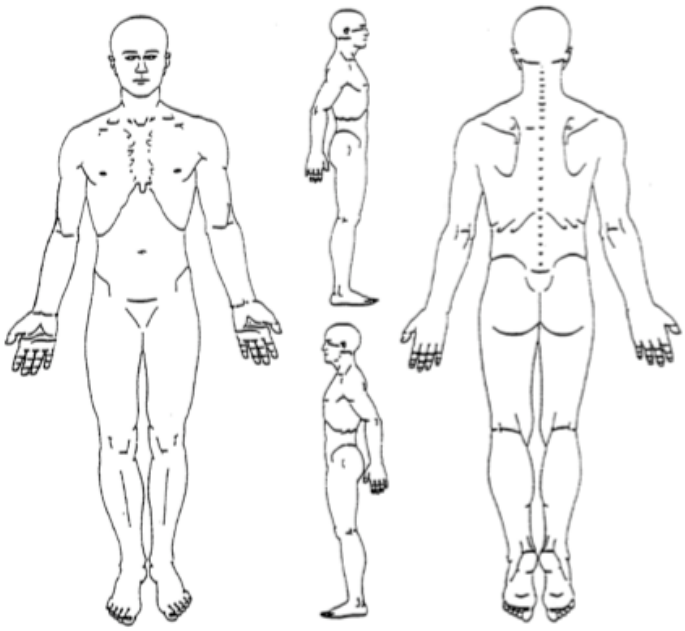
If yes, what are they and how long have you had them? _____

_____

Concordia Wellness, LLC HEALTH INTAKE FORM

Are you experiencing pain today? Y N If yes, how long have you had this pain? _____

Indicate on this diagram where you are experiencing pain/discomfort:



Indicate any of the following conditions that you have now or have had in the past:

- ▫ Circulatory conditions
- ▫ Heart problems
- ▫ High/Low blood pressure
- ▫ Kidney conditions
- ▫ Acute Anxiety/Depression
- ▫ Stroke
- ▫ Osteoporosis
- ▫ Hemophilia
- ▫ Skin conditions
- ▫ Serious injuries
- ▫ Embolism/Deep-Vein Thrombosis
- ▫ Asthma
- ▫ Cancer

Are you under the care of a physician? Y N

If yes, for what condition(s)?

_____

Please list any other conditions that you have or have had that affect your life in important ways

_____

_____

☐ ***Include me in emails with relevant articles, new services, promotions, and raffle drawings***

Consent

I understand that there are conditions for which massage therapy may be contraindicated. I have completed this Health Intake Form truthfully and to the best of my knowledge. I understand that with any treatment certain risks are involved and that complications or side effects could occur. I freely assume these risks, and I agree that I will not hold Concordia Wellness, LLC, or Massage Therapists practicing at Concordia Wellness, LLC, liable for any effects from my session.

Client Signature _____ Date _____