(Please initial next to each clause) I,	, have received,
read and understand the PMTI Clinic Welcome	Letter and HIPAA Privacy Policy and
affirm that:	
I understand that massage is not a s diagnosis or treatment. There are certain cor contraindicated. I have given a complete knowledge, and I agree that I will not hold I liable for any effects from my sessions in the Cli	nditions for which massage may be health history to the best of my Potomac Massage Training Institute
I understand that massage at the PMTI of sexual language or behavior will not be toleral termination of the session. I also understand to payment of the session and will not be able to PMTI Clinic.	ted and will result in the immediate that I will still be responsible for full
I understand that if I am late to my approximate allotted time of my session and that I am still session. Additionally, if I am more than 20 mi session may be given to another client and payment.	responsible for full payment of the nutes late in the Student Clinic , my
I understand that there is a 24 hour c made after the deadline, I am responsible f understand that cancellations may be made over via voicemail.	for full payment of my session. I
Client Signature	Date
Witnessed:	Date
Updated 05-08-13	

P M T I
Potomac Massage
Training Institute

HEALTH INTAKE FORM

Address	
City State Zip code	
Home Phone: Work Phone:	
Cell Phone: Email:	
OccupationBirth Date// Gender	
Referred by	
What are you hoping to gain from massage?	
2. Have you ever had a professional massage/bodywork? Yes No If so, what kind(s)?	
3. Are you presently under a doctor's or therapist's care? Yes No	
If so, for what	
Please list current symptoms:	
5. Please list any medications you are taking:	
What side effects, if any, do you experience?	
5. Do you smoke? YES NO	
7. Do you have any allergies? YES NO If so, to what?	
3. Are you wearing: Contact Lenses YES NO Hearing Aids YES	NO
9. Are you pregnant? YES NO If so, what is your due date?	
10. What kind of exercise do you do regularly?	
How often?	

Mononucleosis Hepatitis Stress Fatigue Digestive Problems Other virus/infection Other other virus/infection Other	1. Are you experiencing or recovering from any of the following TC	the nast in	cle any of the following which you current indicating the dates in the space provided	-	
Mononucleosis Hepatitis Stress Fatigue Digestive Problems Arthritis Blood clots Fibromyalgia Other virus/infection Back pain Heart attack Headaches 12. Are you experiencing any pain today? YES NO Fracture High blood pressure Numbness/tingling If yes, how long have you had this pain? Herniated Disk Low blood pressure Sciatica If yes, please circle and rate the amount of pain sensation and unpleasantness on the scales below: Torn ligament/tendon Poor circulation Pain Sensation: How much pain you feel physically in your body Sports injury Varicose veins Diabetes Strain/sprain Other Hypo/Hyperglycemia	Skin Rash Open cuts/sores Injuries/Bruises Allergie	es/Cold/Flu/Fever		i ij liecessui y.	
Other virus/infection Back pain Heart attack Headaches 12. Are you experiencing any pain today? YES NO Fracture High blood pressure Numbness/tingling If yes, how long have you had this pain? Herniated Disk Low blood pressure Sciatica If yes, please circle and rate the amount of pain sensation and unpleasantness on the scales below: Torn ligament/tendon Poor circulation Pain Sensation: How much pain you feel physically in your body Strain/sprain Other Hypo/Hyperglycemia	Mononucleosis Hepatitis Stress Fatigue Dige	active Drohlems			
12. Are you experiencing any pain today? YES NO Foot pain Fracture High blood pressure Numbness/tingling Herniated Disk Low blood pressure Sciatica Osteoporosis Phlebitis Scales below: Fracture High blood pressure Osteoporosis Phlebitis Other Torn ligament/tendon Scoliosis Stroke Pain Sensation: How much pain you feel physically in your body Scoliosis Stroke Sports injury Strain/sprain Other Heart disease Numbness/tingling Numbness/tingling Numbness/tingling Sciatica Other Diabetes Hypo/Hyperglycemia		Arthritis		, -	
12. Are you experiencing any pain today? YES NO If yes, how long have you had this pain? If yes, please circle and rate the amount of pain sensation and unpleasantness on the scales below: Pain Sensation: How much pain you feel physically in your body Fracture High blood pressure Numbness/tingling Numbness/tingling Sciatica Osteoporosis Torn ligament/tendon Scoliosis Stroke Scoliosis Stroke Endocrine Diabetes Diabetes Hypo/Hyperglycemia	Other virus/infection				
If yes, how long have you had this pain? Herniated Disk Low blood pressure Sciatica If yes, please circle and rate the amount of pain sensation and unpleasantness on the scales below: Pain Sensation: How much pain you feel physically in your body Tracture High blood pressure Sciatica Other Osteoporosis Phlebitis Other Other Osteoporosis Sciatica Other Osteoporosis Scoliosis Stroke Findocrine Scoliosis Stroke Stroke Diabetes Other Other Other Diabetes Hypo/Hyperglycemia	2. Are you experiencing any pain today? YES NO	•		_	
If yes, please circle and rate the amount of pain sensation and unpleasantness on the scales below: Osteoporosis			•		
scales below: Torn ligament/tendon Scoliosis Stroke Pain Sensation: How much pain you feel physically in your body Sports injury Strain/sprain Other Hypo/Hyperglycemia					
Pain Sensation: How much pain you feel physically in your body Scoliosis Stroke Sports injury Strain/sprain Other Hypo/Hyperglycemia		•		Other	
Pain Sensation: How much pain you feel physically in your body Sports injury Varicose veins Diabetes Strain/sprain Other Hypo/Hyperglycemia	scales below.	_			
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Other Control of the		•• •		Other	
The state of the s	Wost pain possi	Other			
Pain Unpleasantness: How much of the pain in your body bothers you Pain Unpleasantness: How much of the pain in your body bothers you Psychiatric Frequent urination Skin Infections	Pain Unnleasantness: How much of the nain in your hody both	ners you Psychiatric		Chin Infantions	
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Difficult/painful urination Burns 0 1 2 3 4 5 6 7 8 9 10 Bipolar Kidney stones Figure 3	0 1 2 3 4 5 6 7 8 9 10	Bipolar			
Depression Depression		ness possible Depression	•		
Frequent stress	The displeasantiness in the second in the se	Frequent stre	224	, 0	
Use the diagram to map your discomfort by circling the body parts that apply. Other Other Other	Jse the diagram to map your discomfort by circling the body part:	ts that apply. Mood swings	s Other	_ Other	
PTSD		PTSD			
Sleep Disorders Digestive Reproductive	(25) (25)) Sleep Disorde	ers Digestive		
Other Colitis Dysmenorrhea		Other		•	
Constination Fibroid Cysts		1		•	
Crohn's disease Infertility	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Posniratory	Cuahula diagaa	•	
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Prostatis Other Prostatis		Dronchitic			
COPD STORCHUS COPD		(U.I.I		Other	
Emphysema		COLD			
Hay Fever Cancer: Please describe type and stage). I halled historic (a)	1	Cancer: Please describe typ	Cancer: Please describe type and stage	
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Surgeries: Please include dates		<u> </u>	Surgeries: Please include d	dates	