

# BELMONT WELLNESS CENTER

5803 Wilkinson Boulevard Belmont NC 28012 (803) 230-3111

## CLIENT INTAKE FORM

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Therapist

\*Please answer the questions below.

How did you hear about us? \_\_\_\_\_

Have you received massage therapy or body work before?      Yes                  No

Are you currently under medical supervision or receiving other medical intervention?      Yes                  No

Any allergies (oils, lotions, nuts, fruits, etc.)      Yes                  No

Are you on any medication?      Yes                  No      If yes, which ones? \_\_\_\_\_

Do you exercise?      Yes                  No

If yes, how many times per week? \_\_\_\_\_      How many hours? \_\_\_\_\_

How many glasses of water do you consume daily on average? \_\_\_\_\_

Repetitive Daily Movements (computer, cleaning, etc.)      Yes                  No

\*Please mark any of the following conditions you may currently have.

Areas of swelling

Fibromyalgia

Recent Surgery

Autoimmune disorder

Headaches/Migraines

Sciatica

Bleeding disorders/Blood clots

Heart condition

Seizures

Bruise easily

High/low blood pressure

Stroke(s)

Bursitis

Neuropathy

Tendonitis

Cancer

Neurological diagnosis

TMJ disorder

Decreased sensation/Numbness

Multiple sclerosis

Varicose veins

Diabetes

Pregnant

Vertigo/Dizziness

Digestion conditions

Other conditions: \_\_\_\_\_

I understand that massage therapy is for the purpose of stress reduction, relief from muscular tension or spasm, or for increasing circulation. I understand that the massage therapist does not diagnose illness, disease, or any other physical or mental disorder. The massage therapist does not prescribe medical treatment nor perform spinal manipulations. I will inform the licensed massage therapist of any health or medial changes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date