

**Client Information**  
**Integrative Massage Session for Denver Integrative Massage School**

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Occupation: \_\_\_\_\_ Emergency contact & phone: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Referred by: \_\_\_\_\_

Age: \_\_\_\_ ☐ Male ☐ Female

Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you seeking massage based on a diagnosis or current condition you are being treated for? ☐ Yes ☐ No If yes, what? \_\_\_\_\_

**Massage Information:**

Have you ever received a student or professional massage? ☐ Yes ☐ No If yes, student or professional?

How recently? \_\_\_\_\_

What types of massage do you prefer? (Swedish, Deep tissue, etc) \_\_\_\_\_

What kind of pressure do you prefer? (circle one) Light, Medium, or Firm

Do you bruise easily? Circle one: Yes or No

What are your **goals/expected outcomes** for receiving massage?

\_\_\_\_\_  
\_\_\_\_\_

What are the **repetitive postures/motions** that you perform at work/other setting?

\_\_\_\_\_  
\_\_\_\_\_

What are your **exercise activities**?

\_\_\_\_\_  
\_\_\_\_\_

How do you **feel today** (#1-10 scale, what's your level of pain or discomfort? & describe) 10 being the most painful: \_\_\_\_\_

List & prioritize your **current symptoms/issues** (stress, pain, stiffness, numbness/tingling, swelling, etc):

\_\_\_\_\_  
\_\_\_\_\_

Do these symptoms **interfere** with your activities of daily living (e.g., sleep, exercise, work, childcare)? Yes No  
Explain:

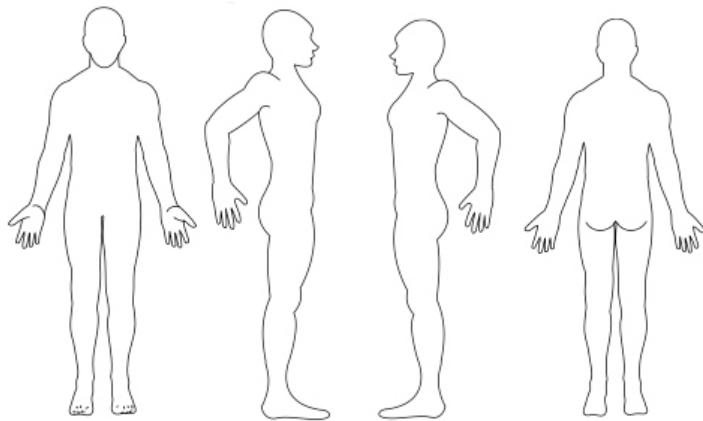
\_\_\_\_\_  
\_\_\_\_\_

Please list any **current medications** and their **purposes**:

\_\_\_\_\_  
\_\_\_\_\_

### SHOW AREA(S) OF PAIN OR UNUSUAL FEELING

Mark the areas on this body where you feel the described sensations.



Front

Right

Left

Back

Comments in reference to these areas:

### Medical History

Please check all that apply to you  
(Specify whether currently or previously)

#### Muscular-Skeletal

- ☐ Headaches
- ☐ Joint stiffness/swelling
- ☐ Broken/Fractured Bones
- ☐ Dislocations
- ☐ Strains/Sprains
- ☐ Swelling
- ☐ TMJ Dysfunction
- ☐ Tendonitis
- ☐ Bursitis
- ☐ Sciatica
- ☐ Hernia
- ☐ Arthritis
- ☐ Osteoporosis
- ☐ Scoliosis
- ☐ Whiplash
- ☐ Knee surgery
- ☐ Hip replacement
- ☐ Hip Dysplasia
- ☐ Rheumatoid Arthritis
- ☐ Fibromyalgia
- ☐ Plantar Fasciitis
- ☐ Spinal Fusion
- ☐ Other \_\_\_\_\_

#### Lymph/Immune

- ☐ Lymphedema \_\_\_\_\_
- ☐ Allergies (to lotions, oils)
- ☐ HIV/AIDS
- ☐ Lupus
- ☐ Other \_\_\_\_\_

#### Digestive

- ☐ Diverticulosis
- ☐ Irritable Bowel Syndrome
- ☐ Crohn's Disease
- ☐ Colitis
- ☐ Adaptive Aids
- ☐ Gastroenteritis (GI inflammation)
- ☐ Ulcers
- ☐ Acid Reflux
- ☐ Other \_\_\_\_\_

#### Circulatory/Respiratory

- ☐ Dizziness/Fainting
- ☐ Varicose veins
- ☐ Blood clots
- ☐ Stroke
- ☐ Heart condition \_\_\_\_\_
- ☐ Allergies (respiratory)
- ☐ Asthma
- ☐ Cystic Fibrosis
- ☐ Low/High blood pressure
- ☐ Other \_\_\_\_\_

#### Reproductive

- ☐ Pregnancy
- ☐ Menopause
- ☐ Pelvic Inflammation Disorder
- ☐ Endometriosis
- ☐ Hysterectomy
- ☐ Cesarean Section
- ☐ IUD
- ☐ Nexplanon/Implanon (arm contraception)
- ☐ Other \_\_\_\_\_

**Other**

☐ Cancer \_\_\_\_\_  
☐ Diabetes \_\_\_\_\_  
☐ Hearing impaired \_\_\_\_\_  
☐ Visually impaired \_\_\_\_\_  
☐ Surgeries \_\_\_\_\_  
☐ Drug use \_\_\_\_\_  
☐ Infectious disease \_\_\_\_\_  
☐ Depression \_\_\_\_\_  
☐ Contagious skin condition \_\_\_\_\_  
☐ Other \_\_\_\_\_

**Nervous System**

☐ Numbness/Tingling \_\_\_\_\_  
☐ Sleep disorders \_\_\_\_\_  
☐ Cerebral Palsy \_\_\_\_\_  
☐ Epilepsy \_\_\_\_\_  
☐ Chronic Fatigue \_\_\_\_\_  
☐ Parkinson's Disease \_\_\_\_\_  
☐ Spinal cord injury \_\_\_\_\_  
☐ Carpal Tunnel Syndrome \_\_\_\_\_  
☐ Thoracic Outlet Syndrome \_\_\_\_\_  
☐ Disc herniation \_\_\_\_\_  
☐ Restless leg Syndrome \_\_\_\_\_  
☐ Other \_\_\_\_\_

The information provided above is accurate to the best of my knowledge.

Additional questions, comments or bodily concerns:

---



---



---



---

### **Massage Informed Consent, Agreement, and Liability Waiver**

*It is my choice to receive a student massage, and I understand that the session is intended for relaxation, muscle tension release, increased range of motion, improved circulation, reduced stress, increased energy flow and balance, and a positive opening experience. I am aware that heated herbal compresses, cupping, hydrotherapy packs and/or hot/cold stones are used during the session and I will inform the supervisor/therapist if I have heat or cold sensitivities, any conditions that are contraindicated for cupping, have allergies, or if I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in this course of the session given should be construed as such. Because massage/bodywork 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 practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me may result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. Understanding all of this, I give my consent to receive care. By signing below I agree to HOLD HARMLESS the Denver Integrative Massage School, Inc as well as the student massage therapists and the supervising instructors that are giving and supervising Massage/Bodywork today and for ANY future session I receive at this student clinic.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_