



INTAKE FORM

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

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: H \_\_\_\_\_ C \_\_\_ Tips are not required but always appreciated.

\_\_\_\_\_ W \_\_\_\_\_ ext. \_\_\_\_\_

May I contact you at these numbers? Y / N Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Referred by: \_\_\_\_\_ E-Mail \_\_\_\_\_

Have you ever received a massage before? Y/N

Are you taking any medications? \_\_\_\_\_

Please state any recent injuries, medical treatments or surgeries: \_\_\_\_\_

Do you have any of the following conditions? (Please circle)

Migraines                  Fibromyalgia                  Neck/ Back Pain                  Carpal Tunnel

Diabetes                  High Blood Pressure                  High Cholesterol                  Pregnant/ Nursing

List any skin disorders or cancers you have been diagnosed with: \_\_\_\_\_

Do you have any other medical conditions I should be aware of at this time? \_\_\_\_\_

I, \_\_\_\_\_, hereby understand that Melissa Ertle, LMT does not diagnose illness, disease or any other physical or mental disorder. As such Melissa will not prescribe medical treatment or pharmaceuticals, nor preform spinal manipulations. It has been made clear to me that my LMT is not a substitute for a medical examination and/ or diagnosis. It is recommended that I seek a physician for any physical ailment that I might have. However, since it is important for my LMT to be aware of any existing physical conditions, I have stated all my known medical conditions. I will take it upon myself to keep my LMT informed as changes arise in my physical condition.

A 24-hour notice of cancellation is required, or you will be charge for appointment. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_