Massage Therapy Intake Form

Name: Nigel Mullins

Date of Birth: April 2, 1991

Address: 782 Chapmans Lane, Crown Point, NM

Phone: 505-786-2096

E-mail: nigel.mullins@gmail.com

Occupation and Employer Currently unemployed

Emergency Contact & Relationship: Trish Mullins, Wife

MEDICAL INFORMATION

Are you pregnant?

- [ ] Yes
- [x] No

If yes, how far along, and please elaborate if you have any high-risk factors.

Are you sensitive to touch or pressure? Are you ticklish?

- [x] Yes
- [ ] No

If yes, which area? Around the neck.

Do you suffer from chronic pain?

- [ ] Yes
- [x] No

If yes, please elaborate. What makes it better or worse?

Have you had any orthopedic injuries?

- [ ] Yes
- [x] No

If yes, please elaborate.

Do you have any allergies or sensitivities?

- [x] Yes
- [ ] No

If yes, please elaborate. I'm sensitive to the cold.

Please list down any medications you take and what they're for:

None

Please list down orthopedic injuries and surgeries you had. If possible, add the type and date:

None

Please check all that apply to you:

- [ ] Skin conditions
- [ ] Lymphatic condition
- [ ] Bone condition
- [ ] Circulatory Conditions like high or low blood pressure, blood clots
- [ ] Joint Replacements or Problems like arthritis
- [x] Headaches/Migraines
- [ ] Diabetes
- [ ] Numbness/Tingling
- [ ] Cancer
- [ ] Neuropathy
- [ ] Stroke or Heart Attack
- [ ] Kidney Dysfunction
- [ ] Sprains or Strains
- [ ] Other: _____

If you checked any of the above, please elaborate:

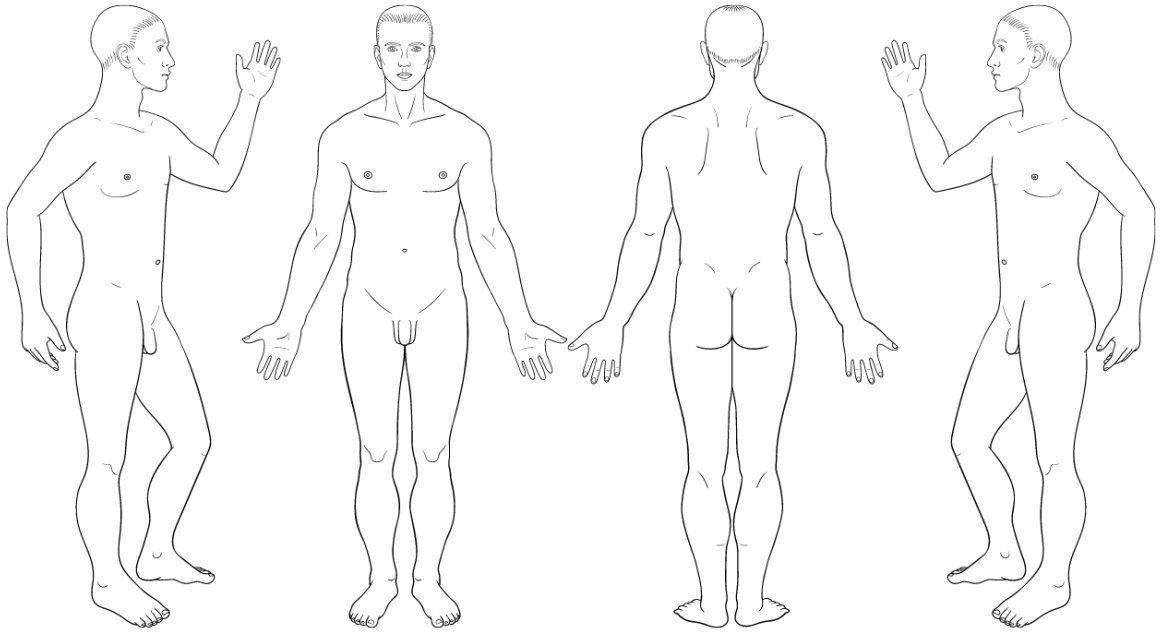
I constantly have headaches whenever I eat something new or when there's a sudden change in weather.

What areas do you not want to be massaged, if any?

None.

What are your goals for this treatment session?

To feel relaxed and alleviate the small headache I have right now.



Please mark or point to the areas in the diagram where you feel pain or discomfort.

Patient's Signature: Nigel Mullens

Therapist's Signature: Dr. Marlon Young