

Client Intake Form

Date: _____

Name _____ Preferred Phone: _____ m/h/w

Address _____ Alternate Phone: _____ m/h/w

City _____ State _____ Zip _____ DOB _____ Gender _____

Email _____ Occupation _____

Emergency Contact: _____ Relationship: _____ Phone: _____

What types of healthcare are you receiving? (*Physician, Chiropractor, Acupuncture, Homeopath, etc.*)

Do you currently have, or recently had, any of the following conditions:
 (*This information is confidential and may be important to your therapy.*)

- | | | |
|---|---|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Numbness or Tingling | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Headaches _____ | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Cancer (history) | <input type="checkbox"/> Skin Conditions | <input type="checkbox"/> Varicose Veins |
| <input type="checkbox"/> Allergies _____ | <input type="checkbox"/> Autoimmune Disease _____ | |

Please note any recent injuries, surgeries, major accidents, or serious illness/conditions:

Please list any medications or supplements you are currently taking for any of the above conditions:

Are you pregnant or trying to become pregnant? ___ No ___ Yes: Due Date _____

Clients are asked to keep the clinic informed on any changes to the above information.

Previous massage/bodywork experience: ___ Never ___ Occasionally ___ Often – Type(s) _____

.....
 I understand that: Massage therapy (Which include styles of: Swedish, Sports, Deep Tissue or Deep Massage) involves neither diagnosis nor treatment of any condition and is not a substitute for medical care. Draping will be used at all times. This is a full-body massage unless otherwise requested. Neither breasts nor genitalia will be massaged. I may itemize here any areas on my body that I wish to be avoided, and these will be totally avoided (itemize here if relevant):

If I am uncomfortable for any reason I may request to end the session and it will end promptly.

If client is under the age of 17, written consent from client's guardian or parent is required.

I affirm that I am able to receive Massage Therapy and that any of the information I have provided above does not prohibit me from doing so. I am aware that if I have a medical diagnosis that prohibits me from receiving Massage I must provide physicians written consent prior to services.

Client Signature: _____ Therapist Signature: _____

The following are explanations of the 5 categories of information you will complete for each massage:

S = Subjective or what the client reports to you about their status.

- Client goals, expectations, and preferences
- Client functional limitations
- Physician's diagnosis or clearance
- These are notes taken during the client interview and apply to *today's* session.

O = Objective or findings made by the therapist.

- Client posture
- Client movement
- Palpation of client during interview
- Details of treatment on the area(s) of focus
 - Techniques used
 - Names of structures addressed
 - Duration of treatment in minutes

A = Assessment or how the client rates the pain or discomfort of a focus area.

- Scale of 0-10 (0 is no pain, 5 is moderate pain, 10 is the worst possible pain)
- Recorded first during the interview for each area of focus
- Recorded again after the treatment for each area of focus

P = Plan or a strategy for further care

- Client education
- Self care such as movement or stretches
- Future massage session ideas
- Referrals

Personal reflection or meaningful insights made by the therapist about the therapist

- List any learning, surprise, satisfaction or dissatisfaction that you took away from the session.
- Please include meaningful insight and avoid vague phrases such as "session went well".
- Name something you enjoyed about the session or something that challenged you.

Treatment Record

Client Name _____

Date _____

Student Therapist _____

S: Subjective or what the client reports about their status

(client goals, functional limitations, and diagnosis / clearance from a physician)

O: Objective or findings made by the therapist

(client posture, client movement, palpation of client during interview, details of focus area treatment)

Prone:

Supine:

A: Assessment or how the client rates the pain or discomfort of a focus area

(0-10, 0 = no pain, 5 = moderate pain, 10 = worst possible pain, recorded before and after treatment)

Before treatment:

After treatment:

P: Plan or a strategy for further care

(client education, self care such as movement or stretches, future massage session ideas, referrals)

Personal reflection or meaningful insights made by the therapist about the therapist

Technique Check List

BMTs - Prone

- ☐ Spinal Rotation & Release with Erector Compressions
- ☐ Shoulder Mobilization with Trapezius Compressions
- ☐ Scapular Mobilization with Trapezius & Deltoid Compressions
- ☐ Deltoid & Triceps Brachii Coarse Vibration
- ☐ Gluteal & Hamstring Compression with Knee & Hip Mob.
- ☐ Ankle Mobilization with Gastrocnemius Compressions
- ☐ One Handed Gastrocnemius & Soleus Jostling
- ☐ Ankle & Knee Mobilization with Plantar Compressions
- ☐ Prone Full Body Rocking Compressions

BMTs - Supine

- ☐ Supine Hip Rotation with Leg Compressions
- ☐ Pulsing Hip Traction from the Ankle
- ☐ Hip Medial Rotation & Release from the Ankle
- ☐ Unilateral Ribcage Compression and Mobilization
- ☐ Bilateral Upper Ribcage Compressions
- ☐ Shoulder Mobilization with Pectoral Compressions
- ☐ Supine Deep Lateral Friction & Release on the Rhomboids
- ☐ Wrist, Elbow & Shoulder Mobilization
- ☐ Head & Neck Rotation with Post. Cervical Comp. & Release
- ☐ Alternating Scapular Depression with Trapezius Comp.

Deep Tissue - Prone

- ☐ Infraspinatus and teres major: deep effleurage
- ☐ Triceps brachii: deep effleurage
- ☐ Upper traps, supraspinatus, levator scapula: deep effleurage
- ☐ Rhomboids: deep effleurage
- ☐ Erector spinae: deep effleurage
- ☐ Quadratus lumborum: deep effleurage
- ☐ Lats, erectors, and gluteals: broad cross fiber
- ☐ Gluteus maximus: deep effleurage
- ☐ Hamstrings: deep effleurage
- ☐ Hamstrings: deep transverse friction and melting
- ☐ Gastrocnemius and soleus: deep effleurage
- ☐ Gastrocnemius and soleus: stripping

Deep Tissue - Supine

- ☐ Tensor fasciae latae: BMT fiber spreading
- ☐ Sartorius and vastus medialis: deep effleurage
- ☐ Rectus femoris, vastus lateralis, and I.T. tract: deep effleurage
- ☐ Distal quadriceps: petrissage / wringing / fiber spreading
- ☐ Tibialis anterior & ankle / toe extensors: deep stripping
- ☐ Pectoralis major: compressive effleurage
- ☐ Pectoralis major: superficial and deep friction
- ☐ Anterior deltoid, biceps, brachialis: BMT fiber spreading
- ☐ Forearm flexors and extensors: superficial and deep friction
- ☐ Forearm flexors and extensors: Stripping with traction
- ☐ Thenar and hypothenar eminences: cross fiber friction

Passive Stretches - Prone

- ☐ Quadriceps femoris

Passive Stretches - Supine

- ☐ Low back
- ☐ Gluteals
- ☐ Adductors
- ☐ Tibialis anterior
- ☐ Gastrocnemius and soleus
- ☐ Pectoralis major
- ☐ Latissimus dorsi
- ☐ Rhomboids
- ☐ Neck lateral flexion
- ☐ Neck rotation

Orthopedic - Piriformis & Sacroiliac

- ☐ S.I. ligament: deep transverse friction
- ☐ Piriformis: deep longitudinal stripping
- ☐ Piriformis: pin and stretch
- ☐ Piriformis: PIR deep longitudinal stripping
- ☐ Piriformis: passive stretching after PIR

Orthopedic - Low Back Pain

- ☐ Lumbar & lamina groove: deep stripping
- ☐ QL: deep longitudinal stripping
- ☐ QL: pin and stretch with active engagement
- ☐ QL: active assisted stretch after PIR
- ☐ Iliopsoas: active-assisted stretch after PIR

Orthopedic - Rotator Cuff & Carpal Tunnel

- ☐ Transverse carpal ligament: myofascial release
- ☐ Supraspinatus tendon: deep transverse friction
- ☐ GH rotators: stripping w / active engagement
- ☐ GH rotators: passive stretch
- ☐ Subscapularis: deep friction and melting

Orthopedic: Thoracic Outlet

- ☐ Vertebrobasilar sufficiency test (VBI test)
- ☐ Pectoralis minor: pin and stretch
- ☐ Scalenes: stripping after PIR
- ☐ Scalenes: stripping with active lengthening
- ☐ Brachial plexus: nerve mobilization

Orthopedic: Neck Pain

- ☐ Posterolateral neck: deep stripping
- ☐ Cervical lamina groove: deep stripping
- ☐ Cervical extensors: PIR deep stripping
- ☐ Cervical lateral flexors: PIR deep stripping
- ☐ Passive Stretches: lateral flexion and rotation