

# 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) \_\_\_\_\_

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 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)

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**O: Objective** or findings made by the therapist

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

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**Prone:**

**Supine:**

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**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:**

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**P: Plan** or a strategy for further care

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

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

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# 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