

CASCO BAY ACUPUNCTURE & MASSAGE
Therapeutic Massage and Bodywork
Confidential Medical History Intake

Name _____

Address _____

Phone _____ Email _____

Date of Birth _____ Occupation _____

Emergency contact and phone _____

Physician's Name _____

How did you hear about me? _____

Are you currently or recently under medical or therapeutic treatment? _____

If so, please explain why _____

Please list any medications or supplements you are currently taking _____

Please check any of the following that apply:

- | | | |
|-------------------------------|-------------------------|---------------------|
| -neck pain | -disk problems | -jaw pain |
| -shoulder/arm pain | -whiplash | -fibromyalgia |
| -low-back pain | -broken bones | -diabetes |
| -abdominal pain | -surgery | -nervous tension |
| -hip/leg pain | -high blood pressure | -allergies to oil |
| -spasms/cramps | -heart attack | -skin allergies |
| -numbness/tingling | -stroke | -wear contacts |
| -joint ache | -varicose veins | -cancer |
| -sprains | -blood clots | -arthritis/bursitis |
| -headache | -breathing difficulties | -pregnancy |
| -decreased range of motion | -seizures | -recent accident |
| -other (please explain) _____ | | |

What are your forms of exercise? _____

What are your forms of relaxation? _____

Please explain your stress level today? _____

What is your goal for this therapeutic massage? _____

(Signature and printed name)

(Date)

**CASCO BAY ACUPUNCTURE & MASSAGE
CONSENT FOR THERAPEUTIC MASSAGE AND BODYWORK**

During my therapeutic massage and bodywork session focused attention and manual therapy will be given as agreed upon by me and by Tennyson Towl L.Ac., LMT for the predetermined goals of relief of muscular discomfort, stress reduction and promotion of health. We will discuss the potential benefits and possible side effects of this therapy. I will be given an opportunity to ask questions.

As a client, I agree to provide complete and accurate health information to the best of my knowledge and notice of health changes at successive appointments as appropriate.

I understand that therapeutic massage and bodywork is designed to be an ancillary health aid and is not suitable for primary medical treatment.

I understand that written referral is requested from my primary care provider if I am currently receiving medical care or I have a specific medical condition or symptoms for which I take medication or receive periodic evaluation or treatment.

I will immediately inform Tennyson Towl L.Ac., LMT of any unusual sensation or discomfort so that the application of pressure or strokes may be adjusted to my level of comfort.

I understand that this professional massage is therapeutic in nature and that she is a ME state-licensed therapist. During the interview she has informed me of her credentials. I understand that therapeutic massage is not sexually oriented in any way and that any illicit or suggestive remarks or behavior on my part will result in immediate termination of the session. I understand that my body will be properly draped at all times for my comfort, warmth and sense of security and as a mark of massage professionalism.

I understand that by signing this form, I give my consent to receive the treatment session discussed in this and all future sessions and agree that my presence at subsequent sessions shall be construed to validation of this written consent.

I have read this consent form and hereby freely give my permission to receive therapeutic massage and bodywork from Tennyson Towl L.Ac., LMT.

Signature: _____ Date: _____

Printed Name: _____