

TruConnection Intake Form - Massage/Bodywork

P.s. Glad you're here!

First & Last name _____

Date _____

Pronoun (circle): She/Her He/Him They/Them

Were you referred by someone? (Name) _____

Contact Information

Address (only if requesting in-home service): _____

Phone _____ E-mail (Please include to receive birthday
benefits!) _____

Emergency Contact (name & phone)

Massage/Bodywork Information

Have you ever received professional massage/bodywork before? (circle) Yes No

If yes, what kind and how recently? _____

Is there a specific type of massage/bodywork that you prefer? (Deep Tissue, Swedish,
Reiki, Myofascial Release, Cupping)

For Massage Therapy only: On a scale of 1 to 5, 1 being the least amount of pressure
the therapist is able to give, 5 being the most pressure the therapist is able to give, what
kind of pressure do you prefer? (see next page)

1 2 3 4 5
Lightest Medium Deepest
Pressure Pressure Pressure

Do you have any goals/expected outcomes for your sessions?

Do you have any current symptoms or issues? (stress, pain, stiffness, numbness/tingling, swelling, emotionally overwhelmed, emotionally numb, grief, etc.)

Do these symptoms/issues interfere with your activities of daily living? (sleep, eating, exercise, work, childcare, ect.)

Please list any medications you are taking & what they are for (birth control does not need to be listed) _____

Do you currently have a contagious disease or condition, such as but not limited to, poison ivy/parsnip/oak, influenza, Covid-19, or anything that could be passed to the therapist? (circle)

Yes, _____ No

Health History

Date of Birth: _____

Have you had any injuries or surgeries in the past that may influence today's treatment?

Are you currently pregnant? Yes No

Are you less than 3 months postpartum? Yes No

Please circle "past" if you have had the condition in the past, and circle "current" if you are currently experiencing this condition. (continues on next page)

Past	Current	Muscle or joint pain
Past	Current	Muscle or joint stiffness
Past	Current	Numbness or tingling
Past	Current	Swelling
Past	Current	Bruise Easily
Past	Current	Sensitive to touch/pressure
Past	Current	High/Low Blood Pressure
Past	Current	Stroke/Heart Attack
Past	Current	Varicose Veins
Past	Current	Shortness of breath/Asthma
Past	Current	Cancer
Past	Current	Neurological (e.g. M.S., Parkinsons, chronic pain)
Past	Current	Epilepsy, Seizures
Past	Current	Headaches, Migraines
Past	Current	Dizziness or ringing in the ears
Past	Current	Digestive Conditions (e.g. Crohn's, IBS)
Past	Current	Gas, bloating, constipation
Past	Current	Kidney disease, infection
Past	Current	Arthritis (rheumatoid, osteoarthritis)
Past	Current	Osteoporosis, degenerative spine/disk
Past	Current	Scoliosis
Past	Current	Broken bones
Past	Current	Allergies (list)

Past	Current	Diabetes
Past	Current	Hypoglycemia
Past	Current	Endocrine/thyroid conditions
Past	Current	Depression and/or Anxiety
Past	Current	Memory loss, confusion, easily overwhelmed

Comments/Notes: _____

Consent for Treatment:

If I experience anything injurious in this session, I will immediately inform the practitioner so that the pressure, strokes, stretches, and/or tool usage may be adjusted to my level of consent. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which massage or other types of bodywork cannot help. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the sessions given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all the questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there should be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. If I am a parent/guardian signing for a minor, I agree to either being in the room during the session of the minor, or outside of the room with the door cracked open.

Understanding all of this, I give my consent to receive care.

Client Signature: _____

Date: _____

Parent or Guardian Signature (in case of a minor):

_____ Date: _____

