Welcome to Simply Skin

Katherine Alamilla, Esthetician & Lic. Massage Therapist

Client Intake Form (Massage) - Confidential Information

CONTACT INFORMATION (please print clearly)

Full Name		Preferred Name
Primary Phone		Alternative Phone
Mailing Address		
Date of Birth	Email	Permission to Email?
Emergency Contact		Phone

How did you hear about Simply Skin?

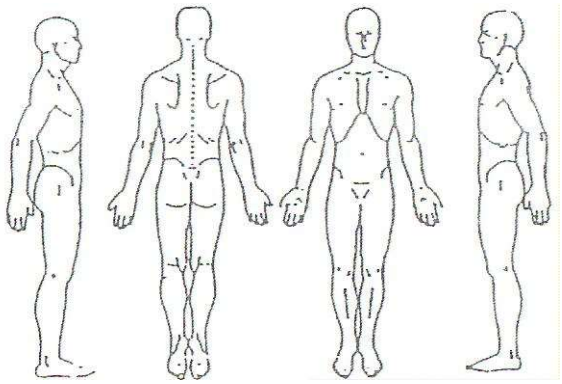
TREATMENT INFORMATION/MASSAGE HISTORY

Have you ever received massage therapy?	When was your last appointment?
Preference of Massage Pressure ☐ Swedish (Gentle) ☐ Moderate ☐ Deep Tissue ☐ Energy work	
What is the intention of your massage (i.e., stress reduction, relaxation, chronic pain, emotional balance...)?	

WELLNESS AND MEDICAL HISTORY

Please list accidents, injuries: disk problems, tendonitis, whiplash, knee problems, fractures, sprains, strains, etc., and their respective dates of occurrence:	
Please list the medications, vitamins, and supplements you are currently taking:	
Please list allergies and/or food sensitivities (including topical and seasonal):	
How much water do you drink? ☐ 1-3 glasses/day ☐ 4-6 glasses/day ☐ 7-9 glasses/day ☐ 10+ glasses/day	How many caffeinated beverages (coffee, tea, soft drinks) do you drink? ☐ 1-3 servings/day ☐ 4-6 servings/day ☐ 7-9 servings/day ☐ 10+ servings/day
What is your current stress level? ☐ Low: 1-3 ☐ Moderate: 4-6 ☐ High: 7-9 ☐ Profound: 10	What stress-reduction and exercise activities do you engage in?
Do you follow a special diet? Please specify:	
How many hours do you sleep per day?	Do you smoke? How much?

Please shade in the areas of discomfort (achy, throbbing, stabbing, numb, tingling, etc.)



Please select any of the following conditions that you are currently experiencing:

- ☐ Muscle Sprain/Strain
- ☐ Spasms/Cramps
- ☐ Tendonitis
- ☐ Broken/Fractured Bones
- ☐ Arthritis
- ☐ Headaches
- ☐ Jaw Pain/TMJ
- ☐ Cuts/Bruises (bruise easily)
- ☐ Rashes
- ☐ Sinus Problems
- ☐ Cold/Flu/Fever
- ☐ Pregnant or Trying
- ☐ Digestive Problems
- ☐ Infectious Disease/Condition

Please select all of the following that apply to you:

- ☐ High/Low Blood Pressure
- ☐ Heart Condition
- ☐ Blood Clots
- ☐ Varicose Veins
- ☐ Bone or Joint Disease
- ☐ Lymphedema
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Cancer/Tumors
- ☐ Infectious Disease

Immune System Condition

- ☐ Lupus
- ☐ Chronic Fatigue
- ☐ Hashimotos
- ☐ Thyroid Condition (Hypo or Hyper)
- ☐ Fibromyalgia
- ☐ Asthma
- ☐ Emphysema
- ☐ Eating Disorders
- ☐ Depression
- ☐ Addictives
- ☐ Survivor of Abuse
- ☐ Other

Digestive Condition

- ☐ IBS
- ☐ Crohn's
- ☐ Colitis
- ☐ Other

FULL DISCLOSURE

It is my choice to receive massage/muscular therapy. I realized that the treatment is being given for the well-being of my body and mind. This includes stress reduction, relief from muscular tension, spasm or pain, or for increasing circulation or energy flow. I agree to communicate with my practitioner any time I feel like my well-being is being compromised.

- I understand that massage therapy is not a replacement for medical care and that no diagnosis will be made.
- I have stated all medical conditions that I am aware of and will update Simply Skin of any changes in my health.
- I understand that therapeutic massage is non-sexual and any advances made by the client will result in termination of the session and the client will be liable for full payment of the scheduled appointment.
- I agree and understand that in the case I must cancel or reschedule an appointment, I need to call at least 24 hours in advance in order to not be charged the price of the missed appointment.

Signature:_____ Date: _____