

Client Intake form

Courtney Pennacchio
Licensed Massage Therapist nvmt#7611
775-453-4025
1055 W. Moana Ln #204
Reno, NV 89509

Client Information

Name _____ Date of Birth _____ Gender: M or F
Address _____ Phone _____

Business Phone _____
City _____ State _____ Zip _____ Email _____
Occupation _____ Other Activities/Hobbies _____

Emergency Contact Information

Name _____ Relationship _____
Phone _____ Address _____

Health History

Do you have any allergies? _____ Please explain _____

Have you had any surgeries? _____ Please explain _____

Have you ever broken a bone, sprained or dislocated a joint or had similar injuries? _____

Please explain _____

Have you even been casted, splinted, had x-rays taken or worn a brace (such as a knee brace) _____

If so, please list _____

Do you take any medications or vitamins including any topical ointments? _____

If so, please list _____

Have you ever been diagnosed with a condition or illness such as; diabetes, COPD, high blood pressure, varicose veins, blood clotting disorder, arthritis? Please list _____

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Are you under a doctor's, chiropractor's or other health care practitioner's care? _____

If so, what for? _____

Do I, the therapist, have permission to contact your doctor/therapist for important issues? _____

Doctor's Name _____ Phone _____

Please list any other conditions your therapist should know about _____

Additional Information

Have you ever had a massage/bodywork or loosening and toning session before? _____

If so, when was your last massage or movement session? _____

What are your expectations for the session today? Ex: pain relief, improve muscle tone quality, specific help with movement (ex: fitness or athletic performance, help with bending or sitting etc.), enhanced body awareness, relaxation.

How did you find out about this office? _____

Were you referred? _____ If so, by whom? _____

I have completed this information form to the best of my knowledge. I understand the massage services are designed to be a health aide and are not intended way to take the place of a doctor's care when it is indicated. Information exchanged during any massage session is educational in nature and is intended to help me (the client) become more familiar and conscious of my own health status and is to be used at my own discretion.

Our time together is precious, and I agree to notify within 24 hours of appointment time with any cancelations. With the exception of emergencies, if I (the client) miss an appointment, I agree to pay the full appointment fee.

Client's Signature _____ Date _____

Parent or Legal Guardian's
Signature _____ Date _____