



Hands of Transformation

Health Intake Form

Name: _____

DOB: _____ Phone: _____

Address: _____ City/ State: _____

Email: _____

Emergency contact name and number: _____

What is your intention for your session today? _____

Past and/ or recent injuries, surgeries, and special things I need to know? _____

Have you received massage before and if so, what types? _____

What type of pressure do you prefer? _____

Are you pregnant? _____ If so, how many weeks? _____

Please list medications and substances using recreationally: _____

Allergies to anything topical i.e., nuts, flower or citrus aromas or oil? _____

Muscle fatigue strain, pain or sprain: _____

Where on your body is it hurting, sore or painful? _____

Please check all that apply to you:

Headache/ migraine: _____ TMJ issues: _____ Dizziness/ fainting/ nausea: _____

Fibromyalgia: _____ MS: _____ Lupus: _____ Muscular Dystrophy: _____ Diabetes: _____

HIV/ AIDS: _____ High/ Low Blood Pressure: _____ Difficulty Sleeping: _____ Varicose veins: _____

COPD: _____ Asthma: _____ Pneumonia: _____ Blood clots: _____ Seizures: _____

Anxiety: _____ Depression: _____ Negativity/ stress: _____ PTSD: _____ Cancer: _____

Other: _____

Informed Consent to Massage:

I understand that in the practice of massage therapy there are some risks to treatment, including but not limited to, sore muscles, inflammation, visible bruising and strains.

There are also the benefits of increased relaxation, lowering blood pressure, increased circulation, detoxification, decreasing stress, and assisting the body to re-align itself through decreasing scar tissue and opening tight areas.

I understand that this is a therapeutic massage and that I will remain draped at all times. If, I am ever uncomfortable with the amount of pressure being given, I will convey that to my massage therapist.

By signing below, I acknowledge and understand the consent above and release all liability from Christina D. Pardos LMT and from Hands of Transformation Massage Therapy, LLC.

Print name: _____

Signature: _____

Date: _____

~Blessings and peace~