EXCEL SPORTS MASSAGE, LLC
75 Franklin Ave., Nutley, NJ 07110
(Inside Extreme Gym)

Tel/Text: (862) 213-5554
Email: excelsportsmassage@gmail.com
Web: www.excelsportsmassage.com

CONFIDENTIAL CLIENT INTAKE & RELEASE FORM

Today's Date: _____

Name: _____ Date of Birth: _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Cell) _____

Email: _____

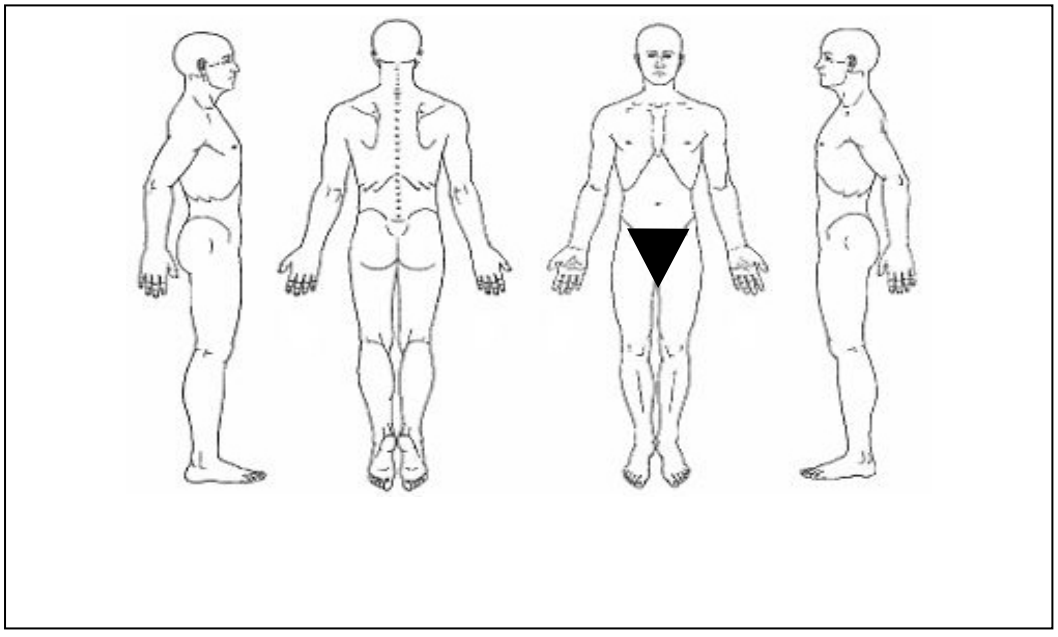
Occupation _____ Height _____ft _____in Weight _____lbs

Referred by: _____

Emergency Contact Name & Number _____

Are you currently in pain or experiencing any discomfort? If so, please briefly explain and indicate those areas below _____

_____



Initial: _____

Describe any chronic (long term) pain/tension _____

_____

What makes it better? _____

What makes it worse? _____

Are you currently under the care of a physician, chiropractor or alternative medicine practitioner? _____

If yes, what are you being treated for? _____

Please list any medications (prescription or non-prescription) you are currently taking:

_____

What specific body areas would you like for me to focus on? _____

Are there any areas you do **NOT** like massaged (ex. head, face, gluteal, feet)? _____

What do you hope to accomplish with this massage? (ex. relaxation, reduce pain, increase flexibility, etc.)

_____

How frequently and for how long do you exercise and what do you do? Include sports, Pilates, yoga, gardening and/or other physical activities: _____

_____

Please **check any** of the following **that apply** to you:

Condition/Complaint	Yes?	Condition/Complaint	Yes?
Allergies (specify above)		Herniated/Bulging Discs	
Anxiety		High/Low BP	
Arthritis		Loss of Memory	
Artificial/Missing limbs		Loss of smell/taste	
Asthma		Muscular Tension	
Auto-immune disorder		Neurological problems	
Blood Clots/DVT		Osteoarthritis	
Bruise Easily		Pacemaker	
Cancer		Painful/Swollen Joints	
Cold Hands/feet		Pins and Needles	
Constipation/Diarrhea		Pregnancy	
Contact Lenses		Sciatica	
Dentures/Partials		Sinus Conditions	
Depression/Panic		Skin Conditions	
Diabetes		Sleep Disturbance	
Epilepsy or Seizures		Spinal Problems	
Fainting Spells		Swollen ankles	
Frequent Colds		Varicose Veins	
Headaches		Whiplash	
Heart Problems		OTHER:	
Hemorrhoids			

Further explanation of any condition or other information: _____

_____

The following sometimes occurs during massage; they are normal responses to relaxation.

Daydreaming
Falling asleep
Sighing, yawning, change in breath
Stomach gurgling
Stuffy Nose

- Massage Therapy is a profession to help our clients receive effective treatment for reducing stress, pain and muscle tension. I understand the treatment here is not a replacement for medical care. As such, the therapist does not prescribe medical treatment, pharmaceuticals, or diagnose ailments.

- Massage Therapy is contraindicated for the following conditions (among others): **Tendon Ruptures**, **Muscle and Tendon Partial Tears**, **Contusions** (bleeding within the muscle), **Burns, Broken Bones**, **Inflammation**, **Infectious Diseases, Thrombosis** (blood clot in a vein), **Bleeding Disorders, Tumors**. The therapist reserves the right to refuse treatment to a client for any reason where such treatment may cause bodily or personal harm to either the client or therapist.

- I understand strict confidentiality of information will be maintained between the therapist and client.

- **I have stated all my known conditions and take it upon myself to keep the therapist updated about my health.**

- I understand that payment is due in advance of treatment and that I have read and understand the cancellation and other policies available for review on www.excelsportsmassage.com

- **I agree to give at least 24 hours notice of cancellation of appointment, otherwise I will be expected to pay for the session.**

Client Signature _____ **Date** _____

If Not Paying Online, Please Fill in Information and Contact Excel Sports Massage (Please Print):

Credit Card Number _____

Expiration Month/Year _____/_____

Expiration Date _____

Card Security Code _____

Name on Card _____

Billing Address _____

City _____

State/Province _____

Postal/Zip Code _____

E-mail (for receipt) _____

Initial: _____