COCOON
Massage Therapy

Client Intake Form

Client Contact Information

Client Name: _____

Date: _____ Date of Birth: _____ Phone: _____

Address: _____

Email: _____ Referred by: _____

Occupation: _____

Emergency contact: _____ Phone: _____

Physician's name: _____ Phone: _____

Is this massage/bodywork medically necessary (is it for a medical condition, injury, surgery)? Yes ☐ No ☐

Massage Information

Have you ever received professional massage/bodywork before? Yes ☐ No ☐

How recently? _____

What types of massage/bodywork do you prefer? _____

What kind of pressure do you prefer? Light Medium Firm

What are your goals/expected outcomes for receiving massage/bodywork?

_____

_____

How do you feel today? _____

Please list and prioritize your current symptoms/issues (stress, pain, stiffness, numbness/tingling, swelling, etc.):

_____

_____

Do these symptoms interfere with your activities of daily living (e.g., sleep, exercise, work, childcare)? Yes No
Explain:

_____

List the medications you currently take:

Substance / Brand name	Dosage	Indication

Eleni Voudouri, LMT, CLT
10 South Main St., Suite 211
Attleboro, MA, 02703
508-335-8909

COCOON
Massage Therapy

Health History

Have you had any injuries or surgeries in the past that may influence your treatment?

Circle any of the following health conditions that you currently have (If you are unsure, please ask):
Blood clots, Infections, Congestive heart failure, Contagious diseases, Pitted edema
Please answer honestly, as massage may not be indicated for the above conditions.

Please indicate conditions that you have or have had in the past. Explain in detail, including treatment received:

		Condition	**Treatment / Comments**
Current	Past	Muscle or joint pain	
Current	Past	Numbness or tingling	
Current	Past	Swelling	
Current	Past	Bruise easily	
Current	Past	Sensitive to touch / pressure	
Current	Past	High / Low blood pressure	
Current	Past	Stroke / Heart Attack	
Current	Past	Varicose veins	
Current	Past	Shortness of breath / Asthma	
Current	Past	Cancer	
Current	Past	Neurological (e.g. MS, Parkinson's etc.)	
Current	Past	Epilepsy / Seizures	
Current	Past	Fibromyalgia	
Current	Past	Headaches / Migraines	
Current	Past	Teeth clenching / TMJ	
Current	Past	Dizziness	
Current	Past	Digestive conditions (e.g. Crohn's, IBS)	
Current	Past	Arthritis (rheumatoid, osteoarthritis)	
Current	Past	Osteoporosis	
Current	Past	Scoliosis	
Current	Past	Broken bones	
Current	Past	Allergies	
Current	Past	Diabetes	
Current	Past	Other	

Consent for Treatment

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. 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 I am aware. 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 session 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 questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall 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. Understanding all of this, I give my consent to receive care.

Client Signature: _____ Date: _____

Parent / Guardian Signature (in case of a minor): _____ Date: _____

Eleni Voudouri, LMT, CLT
10 South Main St., Suite 211
Attleboro, MA, 02703
508-335-8909