



## 3R Massage Health Intake Form

[www.weare3R.com](http://www.weare3R.com) [massage@weare3R.com](mailto:massage@weare3R.com) (240)418-2335

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Cell Phone #: \_\_\_ - \_\_\_ - \_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Gender/Pronouns: \_\_\_ she/her he/him they/them other: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

### TELL US ABOUT YOU

Occupation (optional): \_\_\_\_\_

Activity- How do you typically use your body during the week? (sitting extensively, driving long distances, carrying loads, exercise, etc.)

---

---

---

Have you had a professional massage before? Yes/No

If yes, how often do you receive massage? \_\_\_\_\_

If yes, do you have a style preference? Yes/No Swedish Deep Tissue Sports  
Massage Other: \_\_\_\_\_

What type of massage are you seeking today? \_\_\_\_\_

Are you sensitive to fragrances/perfumes? Yes/No \_\_\_\_\_

Do you have sensitive skin? Yes/No \_\_\_\_\_

### MEDICAL HISTORY

Are you currently under the care of a physician? Yes/No For? \_\_\_\_\_

Are you currently using prescription medication? Yes/No

If yes, for what? \_\_\_\_\_  
Have you taken any medication in the last 6 hours?  
Have you had any recent injuries? Yes/No \_\_\_\_\_  
Do you suffer from any chronic or persistent pain/discomfort? Yes/No If yes, for how long? \_\_\_\_\_  
Do you know what causes/caused it? Yes/No  
What makes it worse? \_\_\_\_\_  
What makes it better? \_\_\_\_\_  
Please list any surgeries: \_\_\_\_\_

---

Do you have or have you ever had any of the following conditions:

- |                              |                       |
|------------------------------|-----------------------|
| -Headaches / Migraines       | -Varicose Veins       |
| -Allergies / Sensitivity     | -Pregnancy            |
| -Arthritis / Tendonitis      | -Blood Clots          |
| -Cancer / Tumors             | -Neck / Back injuries |
| -TMJ issues                  | -Diabetes             |
| -Abnormal skin conditions    | -Paralysis            |
| -Heart / Circulation issues  | -Fibromyalgia         |
| -Joint replacement / Surgery | -Numbness             |
| -High / Low Blood Pressure   | -Sprains / Strains    |
| -Major Accident              | -Osteoporosis         |
| -Multiple Sclerosis          | -Ticks                |
| -Broken Bones                | -Other _____          |
- 

Do you currently, or does anyone in your household, currently have...?

- Infections / Fungus
  - Lice / Scabies / Bedbugs / Fleas / Ticks
  - Skin conditions: rash / bruise / blister / cuts / cysts / bunions / warts / plantar warts / burn / sunburn
  - Cold / Flu
  - Other \_\_\_\_\_
- 

### **INFORMED CONSENT**

The practitioners of 3R Massage are licensed massage therapists and not medical doctors. I understand that massage therapy is not a substitute for medical care and it is recommended that I consult with my primary caregiver for any health concerns I may have. I have provided the massage therapist with complete and honest information regarding all my known physical conditions and medications. I will update the massage therapist if any changes are made. I consent to receive hands-on bodywork from this therapist.

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

If under 18, print name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

