

THE SPA AT DAYTONA COLLEGE

Massage Clinic Intake Form

Student Name: _____ Lab Massage Number: _____

PERSONAL DATA			
Name		Date	
Address		Phone (day)	
City/State/Zip		Phone (eve)	
Birth Date		Occupation	

YES	NO	Please Answer The Following Questions
		Have you ever been here before? If yes, what was the date of the last treatment? _____
		Have you ever had a professional massage? If yes, what was the date of the last treatment? _____
		Are you currently seeing a medical practitioner? If yes, for what reason or condition(s)? _____
		Are you pregnant? If yes, how many months? _____
		Are there any areas that you prefer <u>not</u> to be massaged? If yes, where? _____
		Are you currently taking any medications? If yes, which ones? _____

Please Check The Conditions You've Experienced/ Star (*) If Have Occurred In The Last 2 Years			
Recent Accidents	Diabetes	Low Back, Hip, Leg Pain	
Allergies	Diverticulitis	Low Blood Pressure	
Arthritis	Eating Disorders	Lupus	
Blood Clots	Fatigue	Lymphedema	
Bone/Joint Disease	Gas/Bloating	Numbness/Tingling	
Breathing Difficulty	Headaches	Rashes	
Broken/Fractured Bone	Head Injuries	Sinus Problems	
Bursitis/Sprain/Strain	Heart Condition	Sleep Disorders	
Cancer/Tumors	Herpes/Shingles	Stroke	
Chronic Pain	Infections	Surgeries	
Constipation	Irritable Bowl Syndrome	Tendonitis	
Depression	Jaw Pain/ TMJ	Varicose Veins	

LIST OTHER CONDITIONS:

Indicate areas of tension or pain on the figures by using an X.
Rate the intensity of the pain on a scale of 1-10.

(1 = mild, 10 = extreme)

I understand that _____ is a student at Daytona College & that I am assisting him/her in a Lab Massage Session for the sole purpose of completing required clinical theory and practice. I understand that there are students of varying degrees of competency enrolled in the massage program: some are seniors, preparing to graduate, and others are recently enrolled in the program. All are skilled and competent with the classical Swedish massage techniques employed here at the clinic. Should you need specific therapeutic bodywork performed, we can refer you to any of our licensed massage therapy graduates or other health care providers.

I hereby agree & acknowledge that this lab massage session shall not be considered a professional service, that the student shall not be considered a licensed therapist, & that there shall not be any compensation as a result of this lab massage session.

I also hereby agree that I have stated all known past & present medical conditions. If any condition is deemed dangerous in nature, I agree to take the responsibility to consult a healthcare practitioner for further diagnosis and/or treatment. Therefore, I shall keep the student informed of any updates to my health condition(s) & shall not hold the student or Daytona College liable for any health changes which may occur.

Signature: _____ Date: _____
Please remove all jewelry & turn cell phones to vibrate or off.

CLIENT'S IMPRESSIONS & COMMENTS

YES	NO	PLEASE PLACE AN X IN THE APPROPRIATE BOX
		Were you greeted pleasantly?
		Were you told what to do and explained what was going to take place?
		Were you satisfied with this lab massage session?
		Was there anything that made you uncomfortable?
		Did you feel your therapist listened to you?
		Did you feel that your therapist was properly skilled and confident?
		Would you receive another massage from this therapist?

Circle how well you feel the student addressed your specific needs? Poor/ Fair/ Good/ Excellent

General Comments: _____

Signature: _____ Date: _____

INFORMATION BELOW TO BE FILLED OUT BY THE STUDENT/THERAPIST ONLY

Student's Comments: _____

