

**PDX Massage & Bodywork
INTAKE & HEALTH HISTORY FORM**

Please take a moment to answer the following. Your answers will help me to serve you better.

The information you provide is confidential. Written consent is required to share or discuss your health.

Name _____ Date _____

Address including Zip _____

Phone _____ Email _____

Primary Concern: What brings you here today? What would you like to achieve?

Other Concerns: health conditions, injuries, sensitivities, surgeries, procedures, dental work?

Medication & Other Treatment: Please list ALL medications or other treatments you are receiving at this time, including topical and injection medications.

(continued on reverse)

Use the symbols to show how you feel today.

Add any additional information you want:

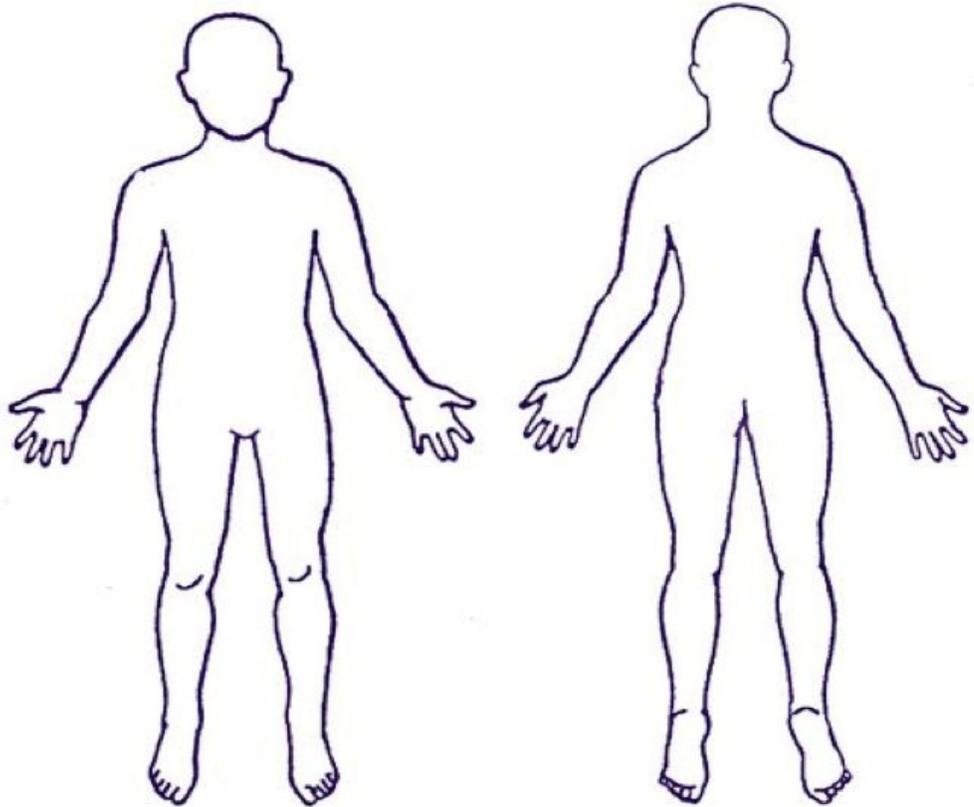
X = mild pain

XX = moderate pain

XXX = severe pain

Y = stiffness

Z = numb or tingling



Working with the Head, Neck, Shoulders, Pelvis and Posture - Intraoral Bodywork Consent

X _____ (Initials) I consent to receive mouthwork therapy if indicated. The Oregon Board of Massage Therapists requires an additional informed consent for specialized intraoral treatment. I understand I have to right to stop treatment at any time. I acknowledge my right to accept or decline to provide a witness in addition to myself and the practitioner (Kate Dennington, LMT).

I have provided all my known medical information. I acknowledge that bodywork and massage therapy are not a substitute for medical diagnosis and treatment. I will inform the practitioner of any health changes. I give my consent to receive treatment.

X Signature _____ Date _____