



# Caring Touch Med Spa

Obstetrics and Gynecology Care Associates, D.C.  
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[www.obgyncare.com](http://www.obgyncare.com)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of service today \_\_\_\_\_ Have you had Massage before? Y / N

Name \_\_\_\_\_  
 Last Name First Name Middle Name Maiden Name

Address \_\_\_\_\_  
 Street City and State Zip code

Email address \_\_\_\_\_ Occupation \_\_\_\_\_ How did you hear about us: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Emergency contact info. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Are you currently taking any medications? Y / N

Please List medication and reason for taking (include prescription, over -the-counter and herbal supplements)

\_\_\_\_\_

Do you have allergies? Y / N Please explain \_\_\_\_\_ Skin Type : Normal / Oily / Dry

Are you currently suffering from or being treated for an infection/virus (cold, infections, flu)? Y / N

If you are currently feeling ill or answered yes to the previous question, massage is contraindicated and you should reschedule your appointment when you are no longer ill.

Please check any that apply:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Blood clots   | <input type="checkbox"/> Sleep difficulties | <input type="checkbox"/> Pregnant           | <input type="checkbox"/> Constipation or diarrhea |
| <input type="checkbox"/> Bruise easily | <input type="checkbox"/> Athletes foot      | <input type="checkbox"/> Sinus problems     | <input type="checkbox"/> Jaw pain or TMJ disorder |
| <input type="checkbox"/> Chronic pain  | <input type="checkbox"/> Headaches          | <input type="checkbox"/> Depression         | <input type="checkbox"/> Muscle or joint pain     |
| <input type="checkbox"/> Fatigue       | <input type="checkbox"/> Fibromyalgia       | <input type="checkbox"/> Digestive problems | <input type="checkbox"/> Numbness or tingling     |

Check the word(s) that best describes any pain symptoms.

Constant  Occasional  Mild  Moderate  Severe

Please list and explain any conditions from the contraindications list below that you may suffer from.

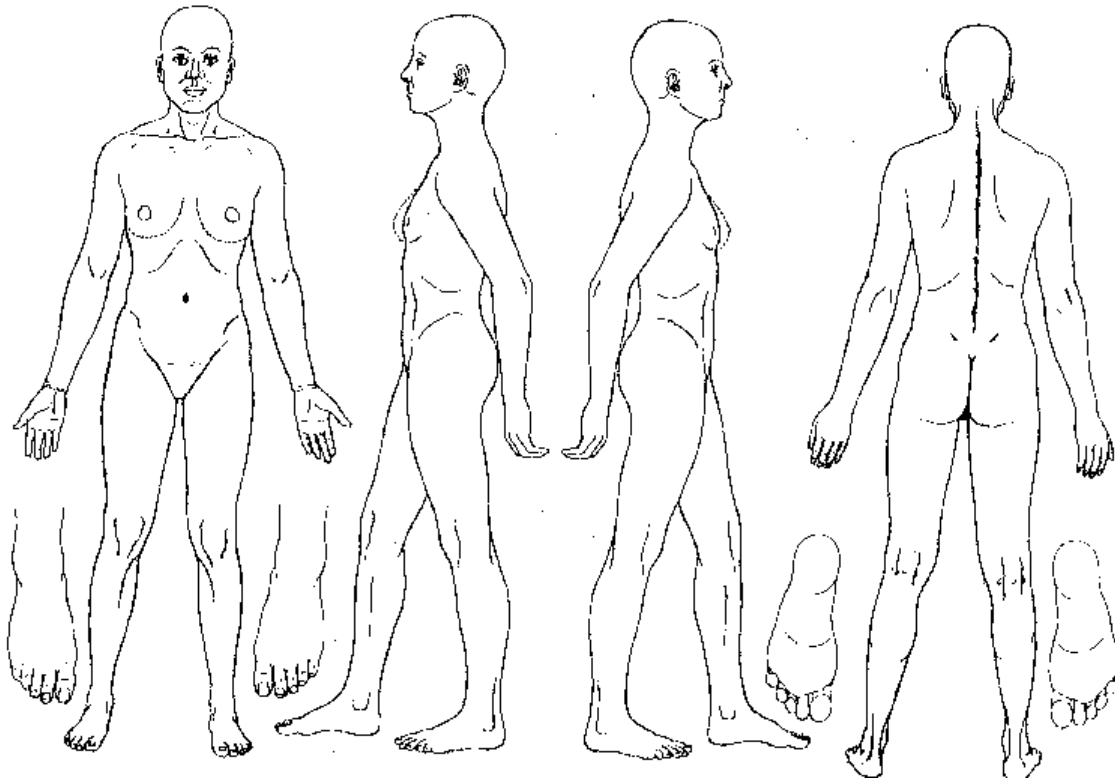
\_\_\_\_\_

## **Contraindicated Conditions Lists**

If you suffer from any of the conditions list below list them on the intake form. You may not be able to receive a massage. The massage therapist is NOT liable for any complications if these conditions are not made known. (LC) = Locally Contraindicated (cannot massage the affected area)

- |                                       |                                      |                             |                            |
|---------------------------------------|--------------------------------------|-----------------------------|----------------------------|
| Abortion (recent)                     | Embolism                             | Hives (in acute stages)     | Peritonitis                |
| Appendicitis                          | Encephalitis (in acute stages)       | Inflammation (acute)        | Psoriasis (LC)             |
| Acne (LC)                             | Endometriosis (LC)                   | Interstitial Cystitis (LC)  | Pyelonephritis             |
| Advanced Atherosclerosis              | Epilepsy                             | Jaundice                    | Renal Failure              |
| Arthritis (all forms)                 | Erysipelas                           | Kidney Stones               | Scar Tissue (LC) (recent)  |
| Aneurysm                              | Fever                                | Lice and Mites              | Sinusitis                  |
| Appendicitis                          | Fibroid Tumors                       | Lung Cancer                 | Spasms (LC) (acute)        |
| Baker's Cysts (LC)                    | Fractures (LC)                       | Lupus                       | Surgeries (recent)         |
| Boils (LC)                            | Fungal Infections (LC)               | Lyme Disease                | Tendonitis (LC)            |
| Bronchitis (LC)                       | Ganglion Cysts (LC)                  | Lymphangitis                | Tenosynovitis (LC)         |
| Bunions (LC)                          | Gastroenteritis (LC)                 | Marfan's Syndrome           | Thrombphlebitis            |
| Bursitis(LC)                          | Gout (LC)                            | Meningitis                  | Trigeminal Neuralgia (LC)  |
| Burns (LC)                            | Headache (due to infection)          | Myositis Ossificans (LC)    | Torticollis (acute phase)  |
| Cancer (with oncologist's permission) | Hemophilia                           | Neuritis (LC)               | Tuberculosis (when active) |
| Candidiasis (LC)                      | Heart Attack or Heart Problems       | Open Wounds/Sores (LC)      | Ulcerative Colitis (LC)    |
| Cirrhosis or Enlarged Liver           | Hematoma (LC)                        | Osteoarthritis (LC)         | Ulcers                     |
| Chron's Disease (LC, MD permission)   | Hepatitis (acute)                    | Osteogenesis Imperfecti     | Urinary Tract Infection    |
| Cysts (LC)                            | Hernia (LC)                          | Ovarian Cysts               | Varicose Veins (LC)        |
| Diabetes (with MD permission)         | Herpes Simplex (LC)                  | Paget's Disease             | Warts (LC)                 |
| Dermatitis (LC)                       | Herpes Zoster                        | Pelvic Inflammatory Disease | Whiplash (in acute stages) |
| Edema                                 | High/Low Uncontrolled Blood Pressure | Peripheral Neuropathy (LC)  |                            |

Please mark any areas in which you are experiencing pain or would like extra attention for stress relief or relaxation.



Massage therapy given here is for stress relief, muscle tension and increased circulation. The massage therapist does not diagnose illness or disease, or prescribe medication.

I have filled out the intake form to the best of my knowledge and will update the therapist with any changes in the future. I understand that massage therapy treatments are not meant to replace a doctor's treatment. I also understand, that massage and bodywork treatments are considered an aid in helping me in improving and/or maintaining a healthy body. I understand that it is my responsibility to get approval for massage therapy from my physician for any conditions that I have which are listed on the previous page, BEFORE receiving massage, and I understand that the massage therapist is Not Liable for any complications caused by failure to make conditions known or get physician approval before treatment. I also Release the establishment, it's agents and suppliers from any and all damages due to damage or injury as a result of any treatment I have requested. I understand that any information provided on this form and in session will be kept in strict confidence and can only be released upon, my written request. I understand that the massage therapist reserves the right to refuse services or end any session due to medical or personal reasons at the therapist full discretion.

Signature \_\_\_\_\_

Name (print) \_\_\_\_\_

Parent/Guardian if under the age of 18.

Name (print) \_\_\_\_\_ Relationship \_\_\_\_\_

Signature \_\_\_\_\_