

*Miracles
Client Intake Form*

Name _____ *Street Address* _____ *City* _____

State _____ *Zip* _____ *Date of Birth* _____ *Occupation* _____

Home Phone _____ *Work Phone:* _____ *Cell Phone* _____

Email Address: _____ *Primary Physician* _____

Reason for Massage: _____

Please list all types of medications you are currently taking:

Please specify any surgeries you have had:

Please specify any medical conditions you have been treated for in the past 5 years:

Please check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Contact Lenses |
| <input type="checkbox"/> Fibrositis | <input type="checkbox"/> Broken Bones |
| <input type="checkbox"/> Sprains | <input type="checkbox"/> Fever |
| <input type="checkbox"/> Strains | <input type="checkbox"/> Vertigo |
| <input type="checkbox"/> Contusions | <input type="checkbox"/> Infectious Diseases |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Phlebitis |
| <input type="checkbox"/> Muscle Spasm | <input type="checkbox"/> Lymphangitis |
| <input type="checkbox"/> Orthopedic conditions | <input type="checkbox"/> Recent Burns |
| <input type="checkbox"/> Rheumatic conditions | <input type="checkbox"/> Osteomyelitis |
| <input type="checkbox"/> Nerve injuries | <input type="checkbox"/> Tuberculous bone lesions |
| <input type="checkbox"/> Neurological Disorders | <input type="checkbox"/> Advanced arteriosclerosis |
| <input type="checkbox"/> Emotional Stress | <input type="checkbox"/> Suspicion of Hemotoma |
| <input type="checkbox"/> Nervous Tension | <input type="checkbox"/> Joint Stiffness |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Swelling from injuries |
| <input type="checkbox"/> Radiculitis | <input type="checkbox"/> Edema |
| <input type="checkbox"/> Cancer | |

Miracles Soap Notes

Date:

Type of Massage:

Length of Massage:

Observations:

Date:

Type of Massage:

Length of Massage:

Observations:

Date:

Type of Massage:

Length of Massage:

Observations:

Date:

Type of Massage:

Length of Massage:

Observations: