



# A Sensitive Touch

*Combining Skill, Mind, and Intuition in Artful Ways*

**Gigi J. Decker 2208 Edgebrook Avenue, Saint Paul, Minnesota 55119 (651)983-6954**

## PROFESSIONAL MASSAGE THERAPY CLIENT HISTORY & INTAKE INFORMATION

Today's Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (other): \_\_\_\_\_

Occupation/Work Description: \_\_\_\_\_

In Case of Emergency, please contact (name & phone): \_\_\_\_\_

How Did You Hear About Me? \_\_\_\_\_

## GENERAL MEDICAL INFORMATION

**(Please explain any "Yes" answers to the following)**

Please check the box for a "Yes" answer on the following:

- Have you ever had a therapeutic massage?
- Do you suffer from migraine headaches?
- Are you epileptic?
- Do you have phlebitis or varicose veins?
- Are you wearing contact lenses?
- Are you allergic to nut oils?
- Do you have (or suspect you have) fibromyalgia?

YES NO

\_\_\_\_ Are you pregnant? If so, due date: \_\_\_\_\_ Is this high risk? \_\_\_\_\_

\_\_\_\_ Are you diabetic (insulin dependent)? If so, please state injection site: \_\_\_\_\_

\_\_\_\_ Do you have high blood pressure? If so, is it under control? \_\_\_\_\_

\_\_\_\_ Do you have any heart, liver, or kidney conditions? \_\_\_\_\_

\_\_\_\_ Do you have cancer? If so, which type? \_\_\_\_\_

\_\_\_\_ Do you have any irritable skin disorders? \_\_\_\_\_

\_\_\_\_ Do you have any prostheses or implants in areas that may be irritated by massage? \_\_\_\_\_

\_\_\_\_ Are you currently taking any medications? If so, please list: \_\_\_\_\_

\_\_\_\_ Have you had any surgeries in the last year? If so, please list: \_\_\_\_\_

\_\_\_\_ Please list areas where you have had major scars/surgeries: \_\_\_\_\_

\_\_\_\_ Please list the areas of your body which experience regular pain: \_\_\_\_\_

\_\_\_\_ Are you currently under treatment by a Chiropractor, Homeopath, or other "alternative" health provider? \_\_\_\_\_

\_\_\_\_ Is there a reason why you feel you shouldn't lay on your back or stomach? \_\_\_\_\_

\_\_\_\_ Is there anything else you want me to know? \_\_\_\_\_

*Please turn over for more....*

I am experiencing the following signs and symptoms  
(note: these may be used in lieu of a practitioner's diagnosis codes, should they not be available):

- 784.0 Headache
- 723.1 Pain in the neck
- 724.1 Mid-back/thoracic spine pain
- 724.2 Low back/lumbar spine pain
- 724.5 Backache, unspecified
- 789.00 Abdominal pain

Pain in a joint:

- 719.41 Shoulder and/or collarbone region
- 719.42 Upper arm and/or elbow
- 719.43 Forearm and/or wrist
- 719.44 Hand
- 719.45 Pelvis, hip and/or thigh
- 719.46 Lower leg and/or kneecap
- 719.47 Ankle and/or foot
- 719.48 Ribs
- 719.49 Multiple sites

Stiffness in a joint:

- 719.51 Shoulder and/or collarbone region
- 719.52 Upper arm and/or elbow
- 719.53 Forearm and/or wrist
- 719.54 Hand
- 719.55 Pelvis, hip and/or thigh
- 719.56 Lower leg and/or kneecap
- 719.57 Ankle and/or foot
- 719.58 Ribs
- 719.59 Multiple sites

**Please take a moment to carefully read the following agreement and sign where indicated. Should you have any questions about the following agreement, please ask me before signing.**

I, \_\_\_\_\_, understand that the massage therapy I receive from Gigi J. Decker is provided solely for the purposes of relaxation, stress reduction, and relief of pain due to soft-tissue restrictions, unless otherwise specified by a referring physician. If I experience any pain or discomfort during my session, it is my responsibility to inform Gigi J. Decker, so that the pressure of the strokes may be adjusted to my comfort level.

Because therapeutic massage may be contraindicated in certain medical situations, I affirm that I have honestly answered the questions on the other side of this form, and have informed Gigi J. Decker of all known medical conditions. I agree to update Gigi J. Decker as to any changes in my medical conditions for future sessions, and understand there shall be no liability on Gigi J. Decker's part should I forget to do so.

It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of my session, and I will be liable for payment of the "full" scheduled appointment.

I also agree that I will give 24 hours notice in case of appointment cancellation or change. Any less than 24 hour notice, and I agree to personally pay Gigi J. Decker a \$25 courtesy fee (subject to increase), due in full before my next visit.

I attest that I have received and read a copy of the "Client Bill of Rights".

I, the above named, agree to all statements within.

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Gigi J. Decker

\_\_\_\_\_  
Date