Client Ashiatsu Oriental Bar Therapy® / Deepfeet Bar Therapy®
Medical Intake Form

Please take a moment to complete the following questions.
They will help to ensure a safe and comfortable massage session for you.
All information is confidential.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: (_____)_____ Email: _____

How do you prefer to be contacted? _____

Is it okay for me to work on your hips? YES NO

Do you have any areas that you want worked on specifically? _____

Do you have any of the following?

- ☐ Boils, skin lesions or abscesses
- ☐ Varicose veins
- ☐ Tuberculosis, thrombosis or aneurism
- ☐ Scoliosis or lordosis (sway back)
- ☐ Kidney or liver disorder (including dialysis)
- ☐ Uncontrolled high blood pressure
- ☐ Any acute inflammatory conditions (such as phlebitis or cellulitis)
- ☐ Lumbar spinal stenosis, spondylitis, or spondylolisthesis
- ☐ Fever
- ☐ Hemorrhoids
- ☐ Herniated discs (where?) _____

Are you taking:

- ☐ Coumadin, Lovenox, Heparin, Plavix
- ☐ High dosage of aspirin or ginger
- ☐ Any type of cancer medication
- ☐ Any pain killers (which?)_____
- ☐ Any muscle relaxants? _____

Have you had surgery within the last year? _____

Have you had any implants within the last 9 months? (cheek, chin, breast, pectoral, calf, etc.) YES NO

Are you pregnant or trying to conceive? YES NO Due date? _____

Signature: _____ Date: _____