

**MASSAGE U
Intake Form**

1. Why are you seeking massage therapy?

2. Are you experiencing pain/discomfort?

3. Where is the location of the pain/discomfort?

4. How and when did the pain/discomfort begin? What were you doing when you first noticed it?

5. What level of pain/discomfort are you experiencing? Scale from 0 to 10, with “0” meaning “no pain” and “10” meaning “unbearable pain”

6. Is the pain/discomfort constant, or does it vary in intensity?

7. Do you associate the pain/discomfort with a specific movement or activity?

8. Have you ever sought medical attention for this condition?

9. Do you have tingling, numbness, or pain anywhere else?