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Client Intake and Medical History Disclosure Form

(Please write legibly)

Name: _____ Age/DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell phone: _____ Alternate phone: _____

Email: _____ Referred by...or how did you
hear about me: _____

Occupation: _____ Form of contact for
appointment reminders?: _____

Emergency Contact (name): _____ (phone): _____

What are your goals for treatment? _____

What areas of the body or conditions are you currently seeking care for: _____

Have you ever been treated for this before?: _____

If so, when and type of treatment received for this: _____

Have you recently had an injury, surgery, or areas of inflammation? _____

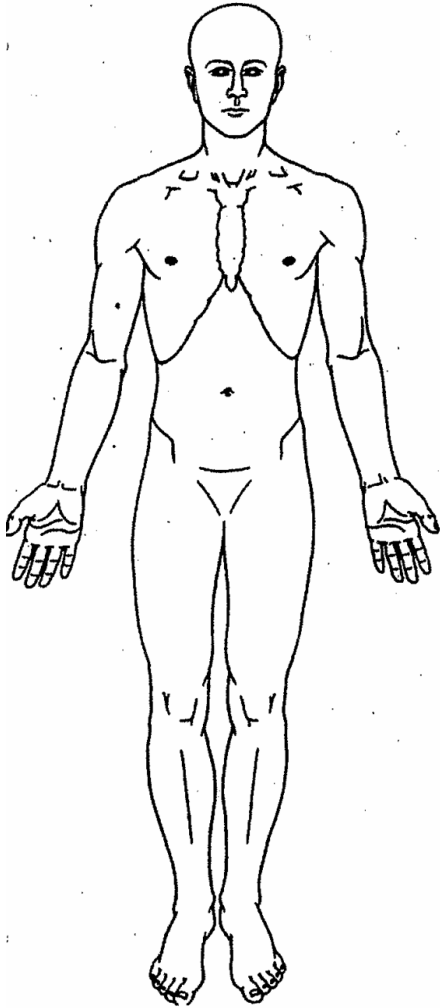
List all past surgeries and year(s) they occurred: _____

List past incidences (i.e. bone break, sprain, strain; car or bike accident, etc.) and year(s) they occurred
(to the best of your recollection): _____

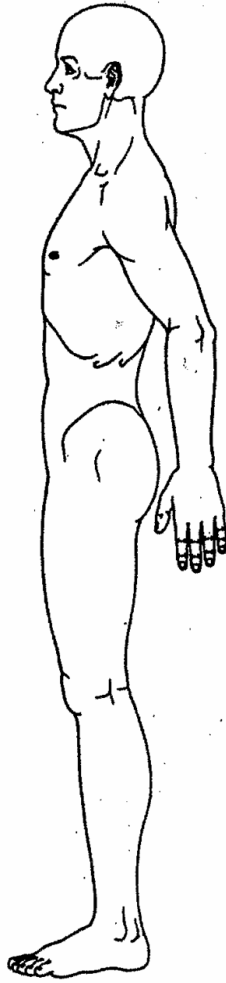
Do you exercise regularly and/or participate in sports? _____ Describe: _____

Please mark the body diagrams with the following letters to indicate what you have been recently experiencing: P = Pain; T = Tightness; N = Numbness/Tingling; W = Weakness.

Right/Left



Left



Left/Right

