

# Sports Massage Clinic Client Intake & History

Student Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ School: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Parent/Guardian Phone: \_\_\_\_\_  
Parent/Guardian email: \_\_\_\_\_

Sport(s) student participates in? \_\_\_\_\_  
Position(s)? \_\_\_\_\_ Number of concussions: \_\_\_\_\_  
Major complaint/issue? \_\_\_\_\_  
Any previous sports injuries? \_\_\_\_\_ broken bones/surgeries/torn tendons or ligaments? \_\_\_\_\_  
Is the student under the care of a physician or physical therapist for any reason? If so, please list reason(s).  
\_\_\_\_\_  
Is the student taking medication of *any* kind? Please list. \_\_\_\_\_  
\_\_\_\_\_  
Allergies of any kind? \_\_\_\_\_

Please inform the massage therapist of any changes in your status, including practicing for multiple sports, pain, new diagnosis from physician, etc. Massage is designed to be a health aid & is in no way to take the place of a doctor's care. Please let the therapist know if you experience discomfort, so she may adjust to your needs.

## Minor Informed Consent

I, \_\_\_\_\_, hereby give permission (and until further notice) to Valerie Smothers, Licensed Massage Therapist, to provide the minor child/person under my guardianship, \_\_\_\_\_, with therapeutic massage services as deemed appropriate to treat presenting conditions/injuries. I understand that I am financially responsible for the minor, and that all statements contained in this consent apply equally to myself and to the minor.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*Parent/Guardian*

My child/charge has my permission to appear for treatment without me present at the sports clinic.

Signed \_\_\_\_\_ Date \_\_\_\_\_