NORDIC HOUSE SPA

Specializing in
Lymphedema & Oncology Massage
by Miechelle Juul Hwang CMT/CLT #72480

Massage Therapy Intake Form

Name_____ Date_____
City/State/Zip _____ Phone_____
Email_____
Date of Birth _____ Gender_____ Occupation _____
Emergency contact name_____ Emergency contact number_____
Where did you hear about us?_____

Have you ever had any radiation, biopsy or surgery involving lymph nodes?_____
Are you pregnant or trying to become pregnant? (Women only)_____
Please √ below that apply

□ Allergies/sensitivities_____ □ Heart condition CHF / CVI_____

□ Have or has had Cancer_____ □ Diabetes_____

□ Blood pressure (low/High)_____ □ Currently taking any medication_____

□ Contagious illness (warts/flu)_____ □ Arthritis/joint pain_____

□ Bruise easily_____ □ Broken bones, numbness, sprain or strains___

□ Varicose veins/clots_____ □ Medical device or medical implants_____

□ Migraines/headaches_____ □ Fibromyalgia_____

□ Thyroid condition_____ □ Open sores wounds (new tattoos)_____

Are you currently seeing a doctor? If so, what for? _____

Are you experiencing Pain?_____ Is it new or Chronic?_____

Please indicate any other Medical condition not on the list _____

Please Circle how you prefer your pressure **Light** **Medium** **Firm**

Best practice for Cancer survivors still in treatment and 6month after last ended treatment is a LIGHT pressure; to ensure this we do not exceed a light pressure for these clients. Long term survivors can receive med/firm pressure in NON-compromised regions. Please ask if you have questions regarding this.

Signature_____ Date_____