



William J. Muhlstadt, LMT

MA #38499 • MM #20351
 Massage Intake Form

Event: _____ Date: _____
 Name: _____ Email: _____
 Address: _____ Phone: _____
 City, State, Zip: _____
 Optional: Age: _____ Birth date: _____

Past & Present Health History — Do you have or have you had the following conditions: (circle)

Cardiovascular disease	Yes	No	Have you ever received a professional massage?		
Skin disorders	Yes	No	Yes	No	
Varicose veins	Yes	No	How often do you receive a massage?		
Phlebitis	Yes	No	Weekly	Monthly	Less Frequently
Spinal disorders	Yes	No	Do you stretch?		
Are you pregnant	Yes	No	Yes	No	
Recent injuries (2 yrs)	Yes	No	Pre-race	Post-race	

List: _____

Any other medical conditions that you feel we should be aware of? Yes No

Please circle any areas of pain or discomfort:

***RELEASE:** I, the undersigned, intending to be legally bound, do understand that the sports massage that I receive at the above-listed event is on my voluntary acceptance and is performed by a licensed massage therapist, and do hereby waive and release any and all rights that I may have against the licensed massage therapist, in the event of injury.*

Athlete Signature: _____ Date: _____

PLEASE NOTE: CANCELLATIONS MUST BE MADE WITHIN 24 HOURS OF APPOINTMENTS OR YOU WILL BE RESPONSIBLE FOR ENTIRE FEE.