

Michelle Mangini, CMT

Gentle Scar Therapy & Integrative Massage Bodywork • CAMTC #20301

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Client Intake Addendum: Scar & Injury History

Client Name: _____	Date: _____
Phone: _____	Email: _____

1. Scar Screening

Do you have any scars (surgical, C-section, joint replacement, injury, burn, laparoscopic, port, etc.)?

☐ Yes ☐ No

Location / Procedure / Cause	Approx. Year / Date	Hardware Present?
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

2. Current Symptoms & Sensations

Are any of your scars currently experiencing any of the following? (*Check all that apply*)

☐ Pain or tenderness	☐ Tightness / pulling sensation
☐ Sensitivity to touch or clothing	☐ Itching or burning sensation
☐ Numbness / altered sensation	☐ Restricted joint or muscle mobility
☐ None — scars are fully healed, comfortable, and symptom-free	

3. Gentle Scar Therapy Information & Scheduling

Please Note: Gentle Scar Therapy is provided as a specialized, dedicated session and is booked separately from general integrative massage therapy to ensure focused assessment and gentle, targeted care.

Would you like to learn more or schedule a separate Scar Therapy session?

☐ Yes, I would like to schedule a dedicated Scar Therapy session.

☐ Yes, please share more information with me.

☐ Not at this time.

If yes, what is the best way to contact you with more info?

☐ Phone Call ☐ Text Message ☐ Email

Client Signature: _____	Date: _____
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