Client Intake Form - Massage

Name:_____ Telephone:_____ DOB:_____

Street Address, City, State, and Zip Code: _____

How were you referred? ☐Friend/Relative ☐Business Card ☐Other: _____

General and Medical Information

Age:_____ Sex: ☐Male ☐Female Occupation: _____

Have you ever had a professional massage? ☐Yes ☐No If yes, how recently? _____

Check any of the following you experience:

☐Ankle/Foot Pain
☐Arm, Wrist, or Hand Pain
☐Digestive Disturbance
☐Headaches/Tension
☐Hip Pain
☐Jaw Pain (TMJ)
☐Knee Pain
☐Leg Pain
☐Lower Back Pain
☐Neck Pain
☐Shoulder Pain
☐Upper Back Pain

Please explain any check conditions listed above and anything else you think your therapist should be aware of: _____
_____
_____
_____

Do you have any allergies? ☐Yes ☐No If yes, please explain:_____
_____

Can the Massage Therapist seek the advice of a physical therapist if there are any concerns? ☐Yes ☐No

Do you currently have any of the following?

☐Aneurysm
☐Artery/Vein Problems
☐Arthritis
☐Artificial Joints/Limbs
☐Blood Clots
☐Cancer
☐Contagious Disease
☐Contagious Skin Conditions
☐Diabetes
☐Epilepsy/ Seizures
☐Fever
☐Fractured Bones
☐Heart/Circulatory Disorder
☐Hepatitis/HIV
☐Hernias
☐High Blood Pressure
☐Inflammatory Disease
☐Kidney/Bladder Issues
☐Multiple Sclerosis
☐Numbness/Tingling
☐Open Sores/Wounds
☐Osteoporosis
☐Respiratory Problems
☐Sinus Problems
☐Skin Abnormalities
☐Vein/ Varicose Issues

Are you very sensitive to touch or pressure in any area?
☐Yes ☐No Where ?: _____
_____

Do you have any other medical condition I should be aware of?
☐Yes ☐No Explain: _____
_____

Conditions you take medications for and medication name:
_____
_____

Areas you would like the therapist to AVOID: _____
_____

If a problem is recurring would you like a FREE 15-Minute consultation with a Physical Therapist? ☐Yes ☐No

Would you like to receive promotional discounts sent to you? ☐Yes ☐No Email: _____

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms; massage/bodywork may contraindicated. A referral from your primary care provider may be required prior to service being provided.

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes can be adjusted to my level of comfort. I further understand that massage or bodywork should not be considered as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, physical therapist or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/bodywork practitioners are not qualified to nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have sated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I forget to do so. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Prepayment and Cancellation Policy:

Payment is to be paid in full at the time of completed service for all services rendered. We maintain a 24 hour cancellation policy for all massage appointments. Any cancellations made less than 24 hours prior to the appointment will accrue a $25 service fee. We do understand that sometimes circumstances are out of your control; therefore, the first offense without 24 hours notice will not accrue the $25 fee, and we will reschedule your massage. Any offense afterwards without at least 24 hours notice will be charged the $25 mentioned above, and we will require all future massages to be prepaid.

Disclaimer: The therapist and/or business will not be held liable for any injury or condition that arises from application of massage despite completion of this form. The form is intended as an assessment tool only and serves as a guide for the application of massage not for medical treatment or medical assessment. Draping will be used during this session. Only the body area being worked on will be uncovered. Clients under the age of 18 must have a parent or legal guardian present to provide a signature for authorization for the therapeutic massage session.

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____