

Client Intake Form – Therapeutic Massage

Name _____ Phone (Day) _____ Cell _____
Address _____ City/State/Zip _____
Email _____ Occupation _____
Date of Birth _____ Referred by _____
Emergency Contact _____ Phone _____

The following information will be used to help your therapist plan a safe and effective massage session. Please answer the questions to the best of your knowledge.

Have you had a professional massage before? Yes No If yes, how often? _____

Do you have any difficulty lying on your front, back, or side? Yes No

If yes, please explain _____

Do you have any allergies to oils, lotions, ointments, fruits or nuts? Yes No

If yes, please explain _____

Do you have sensitive skin? Yes No

Are you wearing contact lenses dentures a hearing aid prosthetics?

Do you sit for long hours at a workstation, computer, or driving? Yes No

If yes, please describe _____

Do you perform any repetitive movement in your work, sports, or hobby? Yes No

If yes, please describe _____

How do you feel the stress in your work, family, or other aspect of your life affected your health?

muscle tension anxiety insomnia irritability other _____

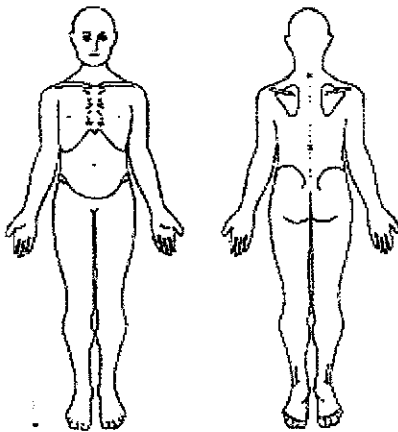
Is there a specific area of the body where you are experiencing tension, stiffness, pain or discomfort?

Yes No If yes, please identify _____

Do you have any particular goals in mind for this massage session? Yes No

If yes, please explain _____

Circle any specific areas you would like the massage therapist to concentrate on during the session:



Medical History

Do you currently or have you ever had any of the following: (please check)

- | | |
|---|---|
| <input type="checkbox"/> phlebitis | <input type="checkbox"/> tennis elbow |
| <input type="checkbox"/> deep vein thrombosis/blood clots | <input type="checkbox"/> recent fracture |
| <input type="checkbox"/> joint disorder | <input type="checkbox"/> recent surgery |
| <input type="checkbox"/> rheumatoid arthritis/osteoarthritis/tendonitis | <input type="checkbox"/> artificial joint |
| <input type="checkbox"/> osteoporosis | <input type="checkbox"/> sprains/strains |
| <input type="checkbox"/> epilepsy | <input type="checkbox"/> current fever |
| <input type="checkbox"/> headaches/migraines | <input type="checkbox"/> swollen glands |
| <input type="checkbox"/> cancer | <input type="checkbox"/> allergies/sensitivity |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> heart condition |
| <input type="checkbox"/> decreased sensation | <input type="checkbox"/> high or low blood pressure |
| <input type="checkbox"/> back/neck problems | <input type="checkbox"/> circulatory disorder |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> varicose veins |
| <input type="checkbox"/> TMJ | <input type="checkbox"/> atherosclerosis |
| <input type="checkbox"/> carpal tunnel syndrome | <input type="checkbox"/> easy bruising |
| <input type="checkbox"/> contagious skin condition | <input type="checkbox"/> recent accident or injury |
| <input type="checkbox"/> open sores or wounds | <input type="checkbox"/> pregnancy If yes, how many months? |

Are you currently under medical supervision? Yes No

If yes, please explain _____

Do you see a chiropractor? Yes No If yes, how often? _____

Are you currently taking any medication? Yes No

If yes, please list _____

Is there anything else about your health history that you think would be useful for your massage therapist to know to plan a safe and effective massage session for you? _____

I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during my session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists are not qualified to perform adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated 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 fail to do so.

Signature of client _____ Date _____

Signature of Massage Therapist _____ Date _____

Massage Client Waiver Form

Please take a moment to read and initial all of the following statements:

_____ If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.

_____ I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.

_____ I affirm that I have notified my therapist of all known medical conditions and injuries.

_____ I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so.

_____ I understand that massage is entirely therapeutic and non-sexual in nature.

_____ By signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to massage therapy and bodywork.

_____ I understand that should I cancel an appointment less than 24 hours before the scheduled time or "no show" an appointment, I am subject to a fee equal to the cost of the missed appointment. This fee is monetary & can't be taken as an additional "punch" off a massage package card. If the appointment was booked under a gift certificate, it will be voided in lieu of the fee. If there is no money taken prior to the therapy session the therapist has the right to refuse future services due to absence

Information and Suggestions

- Prior to your massage, please remove contact lenses and all jewelry. Pull long hair back with a clip or band.
- In general, massage is given while you are unclothed. However, you may choose to wear undergarments or a swimsuit. You will be covered with a top sheet throughout your session. This is your massage and you should be as comfortable as possible.
- Feel free to ask your therapist any questions before, during, or after the session. Your therapist is a highly trained professional and will be happy to make you feel informed and comfortable.

I have received the policy statement, and have read and agree to the policies therein.

Client name:

Client signature:

Date:

Therapist signature: