

CLIENT INTAKE FORM – THERAPEUTIC MASSAGE

Personal Information:

Name: _____

Phone (Day): _____ Phone (Eve): _____

Address: _____

City/State/Zip _____ Date of Birth: _____

Email: _____ Occupation: _____

Emergency Contact: _____ Phone: _____

Referred By: _____

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

Date of Initial Visit _____

1. Have you had a professional massage before? **Yes No**

If yes, how often do you receive massage therapy? _____

2. Do you have any difficulty lying on your front, back, or side for massage? **Yes No**

If yes, please explain _____

3. Do you have any allergies or sensitive skin to oils, essential oils, lotions, or ointments? **Yes No**

If yes, please explain _____

6. Are you wearing contact lenses () dentures () a hearing aid () ? **No**

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

If yes, please describe _____

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

If yes, please describe _____

Continued on page 2

CLIENT INTAKE FORM – THERAPEUTIC MASSAGE

9. Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort? **Yes No**

If yes, please identify_____

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

If yes, please explain_____

Medical History

In order to plan a massage session that is safe and effective, I need some general information about your medical history.

11. Are you currently under medical supervision? **Yes No**

If yes, please explain_____

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

13. Are you currently taking any medication? **Yes No**

If yes, please list_____

14. Please check any condition listed below that applies to you:

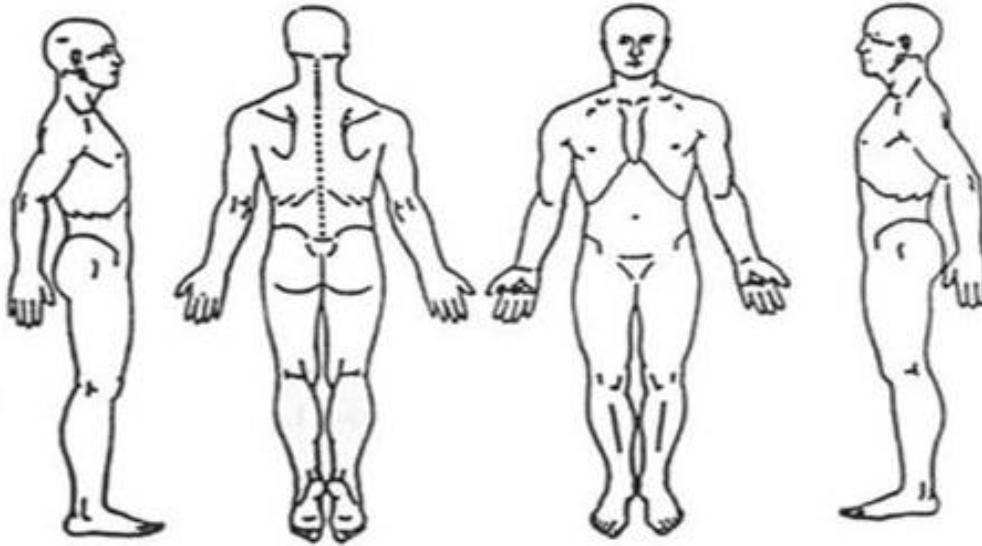
- | | |
|--|---|
| <input type="checkbox"/> phlebitis | <input type="checkbox"/> contagious skin condition |
| <input type="checkbox"/> deep vein thrombosis/blood clots | <input type="checkbox"/> open sores or wounds |
| <input type="checkbox"/> joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis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

Please explain any condition that you have marked above

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

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Circle any specific areas you would like the massage therapist to concentrate on during the session and X the specific areas you may not like worked on (i.e. feet, glutes, face, etc.). Full body massage consists of scalp, neck, arms, legs, glutes, and back:



Draping will be used during the session – only the area being worked on will be uncovered. Clients under the age of 17 must have a parent or legal guardian on property during the entire session. Informed written consent must be provided by parent or legal guardian for any client under the age of 17.

I, _____ (print name) 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 this 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, chiropractor or 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 spinal or skeletal 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: _____

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Policy Notification

We appreciate that you've chosen us for your massage and bodywork needs. To provide the best service possible to our clients we have implemented the following policies.

Cancellation Policy

We respectfully ask that you provide us with a 24 hour notice of any schedule changes or cancellation requests. Please understand that when you cancel or miss your appointment without providing a 24 hour notice we are often unable to fill that appointment time. This is an inconvenience to your therapist and also means our other clients miss the chance to receive services they need. For this reason, you will be charged 50% of the service fee for the first missed session and 100% of the service fee for each session after that. We also reserve the right to require a credit card number to be given to book future appointments so that appropriate fees may be charged if a late cancellation does occur.

We understand that emergencies can arise and illnesses do occur at inopportune times. If you have a fever, a known infection, or have experienced vomiting or diarrhea within 24 hours prior to your appointment time, we request that you cancel your session. Inclement weather may also result in the need for late cancellations. We will do our best to give advanced notice if we are closing or need to cancel due to bad weather and we ask you to do the same. Please do not risk your own safety trying to make your appointment. Late cancellation due to emergency, illness, or inclement weather will generally not result in any missed session charges, but this is determined on a case-by-case basis.

Late Arrival Policy

We request that you arrive 5-10 minutes prior to your appointment time to allow time to fill out any required paperwork as well as answer any intake questions your therapist may have. We understand that issues can arise that may cause you to be late for your appointment. However, we ask that you call to inform us if this ever occurs so we can do our best to accommodate you. Appointment times are reserved for each client, so oftentimes we cannot exceed that reserved time without making the next client late. For this reason, arriving after your appointment time may result in loss of time from your massage so that your session ends at the scheduled time. Full service fees will be charged even when sessions are shortened due to late arrival. In return we will do our best to be on time, and if we are unable to do so we will add time to your session to make up for our late arrival or adjust the service charge accordingly.

Inappropriate Behavior Policy

Massage therapy is for relaxation and therapeutic purposes only. There is absolutely no sexual component to massage whatsoever. Any insinuation, joke, gesture, conversation, or request otherwise will result in immediate termination of your session and a refusal of any and all services in the future. You will be charged the full service fee regardless of the length of your session. Depending on the behavior exhibited we may also file a report with the local authorities if necessary. Treat your therapist with respect and dignity and you will be treated the same in return.

By signing below you agree to abide by these policies.

Signature of client: _____ Date: _____