

Personal Information

Name: _____ Phone: (day/evening): _____
 Address: _____ City, State, Zip: _____
 E-mail: _____ Date of Birth: _____ Occupation: _____
 Emergency Contact (relation): _____ Phone: _____
 Physician Contact: _____ Phone: _____
 Chiropractor Contact : _____ Phone: _____

Massage Information

How did you hear about At Peace Massage?

Have you ever had a professional massage before?

☐ Yes ☐ No

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

What is your pressure preference?

☐ Light ☐ Medium ☐ Deep ☐ Trigger Point Therapy

What type of therapy are you seeking today?

☐ Relaxation Massage ☐ Therapeutic Massage

☐ Prenatal Massage _____ (weeks)

Are you sensitive to fragrance or perfumes? ☐ Yes ☐ No

Do you have sensitive skin? ☐ Yes ☐ No

Do you wear contacts? ☐ Yes ☐ No

Do you exercise regularly? ☐ Yes ☐ No

Do you feel comfortable having work done on the following muscles (please initial)

Gluteus maximus _____

Abdominal _____

Pectoral _____

Do you have any difficulty lying on your front, back or side?

☐ Yes ☐ No

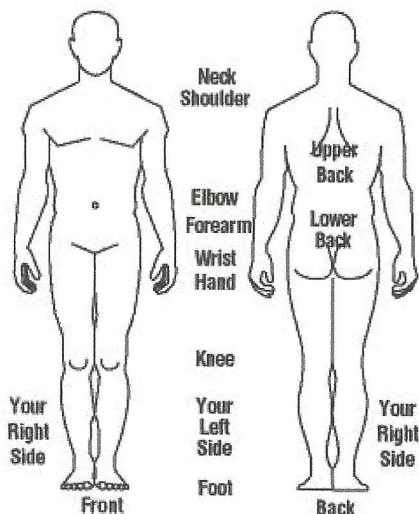
If yes, please explain to your therapist. _____

Do you experience

☐ muscle tension ☐ anxiety ☐ insomnia ☐ irritability

Do you have any goals in mind for this massage session?

Please circle the areas you'd like to focus on.



Medical History

Do you suffer from chronic or persistent discomfort?

If so, for how long? _____

Do you know what caused it or when the symptoms seem to get worse or better? _____

How often do you see your chiropractor? _____

Are you currently under medical care? ☐ Yes ☐ No

Are you currently taking any prescriptions, over the counter medications or herbal supplements?

If so, please list and explain for what.

Please indicate any conditions that you have had or currently have:

☐ headaches, migraines

☐ allergies, sensitivity

☐ arthritis, tendonitis

☐ **cancer, tumors**

☐ TMJ problems

☐ abnormal skin condition

☐ heart condition/circulation

problems joint replacement / surgery

☐ high / low blood pressure / diabetes (pls. circle)

☐ **varicose veins** (pls. indicate where)

☐ current pregnancy – Due date _____

☐ **blood clots**

☐ neck / back injuries

☐ fibromyalgia

☐ epilepsy ☐ numbness,

sprains, strains recent

Injuries ☐ lack of or

reduced feeling /

sensation

Explain conditions that you have marked

above: _____

_____ I prefer to have my therapist wear PPE during my session

At Peace Massage & Wellness - Client Agreement/Waiver

I, _____ (print name) agree to the following statements.

I understand that the massage I receive is provided for the purpose of relaxation and relief of muscular tension, pain and discomfort. If I experience any pain or discomfort during a 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 any spinal or skeletal manipulations or adjustments, diagnose, prescribe or treat any mental or physical illness, and that nothing said during the course of a session 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 on the Client Intake Form 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.

I agree to provide the therapist with all necessary paperwork. All information provided will be kept strictly confidential as is ethically required. Your personal information will never be shared with anyone without a signed consent form from you.

Careful and modest draping will be used during the session and only the area being worked will be undraped. In general, massage is performed while you are fully unclothed. You may choose to undress to your level of comfort. I understand that massage therapy is a therapeutic health aide and is non-sexual.

Disclaimers: Your therapist has the right to refuse anyone who does not act in a professional manner in regard to sexual conduct. Inappropriate sexual behavior during a session will be cause for stopping a session and full payment will be owed for the scheduled treatment. Your therapist also has the right to refuse treatment to anyone with hygiene concerns understanding that massage of an unclean body is a health risk to both therapist and client. Anyone under the age of 18 must be accompanied by a parent or legal guardian who will remain in the treatment room for the entire session.

Signature of parent or legal guardian _____

Parent or Legal guardian's waiver to remain with a minor (sign & date) _____

I understand and agree to comply with the cancellation policy which states that if I cancel an appointment with less than 24 hour notice that I am responsible for 50% of payment of the session scheduled. I further understand that if I arrive late for a session, that while the therapist

Precautionary Coronavirus Liability Release Form

Due to the 2019-2020 outbreak of the novel Coronavirus, COVID-19, we are taking extra precautions with the intake of each client, health history review, as well as sanitation and disinfecting practices. Please complete the following and sign below.

Symptoms of COVID-19 include:

- Fever
- Fatigue
- Dry cough
- Difficulty breathing
- Chills
- Nausea or vomiting
- Diarrhea
- Confusion
- New widespread muscle pain
- Headaches
- Fatigue
- Loss of taste & smell
- Bruising, redness, swelling, or cramping in lower legs and feet
- Red or purple toes

I, _____ agree to the following:

I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.

I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the last 30 days.

I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the last 30 days.

I affirm that I, as well as all household members, have not traveled outside of the country, or to any city outside of our own that is or has been considered a "hot spot" for COVID-19 infections within the last 30 days.

I understand that this business and my massage therapist cannot be held liable for any exposure to the virus or any other contagion caused by misinformation on this form or the health history provided by each client.

By signing below I agree to each above statement and release the massage therapist and business from any and all liability for the unintentional exposure or harm due to COVID-19.

Your massage therapist and all employees of this facility agree that they abide by these same standards and affirm the same. We also affirm that we have improved and expanded our sanitation protocols to more thoroughly fight the spread of COVID-19 and other communicable conditions.

Signature _____

Date _____

will make every attempt to fulfill my scheduled session's treatment, the appointment will end at the time originally scheduled so that the client following me is not penalized. ** *With today's special COVID-19 circumstances all cancellation fees will be waived.*

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 comfortable and informed.

Please write anything else that you think might be important for your therapist to know:

☐ I would like to join the At Peace Massage newsletter for monthly information on how massage therapy can help!

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

Signature of client Date