



CLIENT HEALTH INTAKE

Today's Date: _____

Client Name: _____

Date of Birth: _____ Gender: _____

Phone Number: _____

E-Mail: _____

OK to contact you with news and or coupons through this email? Yes No

Emergency Contact Name and Phone: _____

Whom may I thank for your referral? _____

Have you received professional bodywork before? _____

If so, how long ago? _____

What types of bodywork or pressure levels do you prefer?

What are your dislikes or concerns from past massage experiences?

What major concerns brought you here today? _____

In general how is your health? (Ex. Diet, Exercise, Rest, Relaxation, Mental, Spiritual)

What are your major stressors? _____

Have you had any car accidents, falls, concussions, whiplash injuries, serious illnesses or surgeries?

Dates: _____ Type: _____

Dates: _____ Type: _____

Dates: _____ Type: _____

Dates: _____ Type: _____



Please continue to next page.....

CASPER MASSAGE CLIENT HEALTH INTAKE

Please indicate following conditions you have or have had in past:

Ladies, are you pregnant? _____ Due Date: _____

Muscle or Joint Pain/Stiffness: _____

Numbness or Tingling: _____

Swelling: _____ Bruise Easily: _____

Sensitive to touch/pressure: _____ Varicose Veins: _____

Stroke, heart attack, blood clots: _____

High/Low Blood Pressure: _____

Cancer: _____

Neurological: (MS, Parkinson's, Fibromyalgia, Migraine, Chronic Pain, Epilepsy) _____

Arthritis: (Rheumatoid, Osteoarthritis) _____

Osteoporosis, degenerative spine/disk: _____

Allergies: (Topical, Internal, Environmental) _____

Diabetes: _____

Endocrine/thyroid conditions: _____

Depression, anxiety: _____

Adrenal Fatigue: _____

Memory Loss, confusion, easily overwhelmed: _____

Please list any pharmaceutical medications you are currently taking:

I understand that massage therapy is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation, and offer a positive healing experience of touch. The general benefits of massage, contraindications, and treatment procedures have been explained to me. I understand that bodywork is not a substitute for medical treatment or medications. I understand that the therapist does not diagnose illness, does not prescribe medication, and that spinal manipulation is not part of the therapy.

I understand it is my responsibility to inform the therapist of all known medical conditions and medications, as well as keeping the therapist informed of any changes. I understand that there shall be no liability on the part of the therapist due to my forgetting to relay any pertinent information.

I understand that it is my own responsibility to communicate with the therapist if I feel any pain or discomfort during the session so that the treatment can be adjusted.

I understand that therapeutic bodywork is NONSEXUAL in nature. Any sexual overtures by the client will result in the immediate termination of the session and the therapeutic relationship.

Client Signature: _____ Date: _____



CASPER MASSAGE OFFICE POLICIES

IN ORDER TO ENSURE A PROFESSIONAL AND THERAPUETIC EXPERIENCE FOR BOTH PRACTITONER AND CLIENT, PLEASE READ AND SIGN BELOW TO ACKNOWLEDGE YOU HAVE BEEN INFORMED AND AGREE TO ABIDE BY THE FOLLOWING POLICIES:

YOUR PRIVACY: I will never disclose or use any of your personal information, including contact info, health history or verbally shared thoughts or emotions, for any purpose whatsoever, other than for your health and healing and our work together as practitioner and client within this office.

CELL PHONE USE: Please set your phone to silent, off or just leave it in your car before you arrive for your appointment. You are here to heal, relax and retreat. Answering your phone, while already in my office, or keeping it on during our session is disrespectful to me and uncondusive to an effective therapeutic environment. Please conduct any personal or business matters you must take care of before you come in this office and turn your phone to silent or off.

CANCELLATIONS: A 24 hour notice is required for cancellation of any appointment. If you fail to notify me 24 hours before your scheduled appointment time, you will be required to pay for next session upfront, before I will accept your appointment request in my schedule.

NO SHOWS: If you make an appointment, don't show up and don't notify me in any way, you may find a different massage therapist to work with. I do not have time for people who do not respect my time/income. Also if you have a package deal and do not show or contact me in anyway, one of your sessions out of your package will be counted as used.

TARDINESS: If you are or are going to be more than 10 minutes late you will need to reschedule your time with me. Showing up late does not allow enough to time for us to properly discuss or conduct our massage session together and does not allow me enough time in between appointments to properly take care of myself.

SICKNESS:

Massage/bodywork is not appropriate care for infectious or contagious illness. Please cancel your appointment as soon as you are aware of an infectious or contagious condition. If it is within the 24 hour notice period, the cancellation policy may be waived.

GIFT CERTIFICATES: When purchasing gift certificates please be advised that from now on your recipient will have two months from the date of purchase (not from date when you give it to them but date when you purchased it from me) to come in and use the certificate. I do not honor expired gift certificates except for in certain extenuating circumstances. I do not refund money for unused gift certificates for any reason and they are not transferrable to another person.

Thank you for your mindfulness regarding these important policies.

Client Signature: _____ Date: _____