Massage Client Intake Form

PLEASE PRINT LEGIBLY

□ Numbness/Tingling, Sciatica

□ Tendonitis, Bursitis

Diabetes

	<i></i>	TIMIL DEC				
Name				Email		
Address				City/State	/Zip	
Phone: HomeWor		Work	Cell	Birthday//_		
					nis Office By	
In (Case	of Emerger	ncy Please Contact	· ·	Phone	
Ger	nera	ıl and Med	dical Informatio	<u>n</u>		
Υ	N	Have you ev	er had a professional r	massage? If yes, how of	ften?	
Y N Are you pregnant? If yes, how far along are you?						
Υ	N	Are you sens	sitive to touch/pressure	e in any area? (ticklish?)		
Υ	N	Are you aller	gic or sensitive to any	oils (essential oils, nut oils,	, scents)? If yes, please list:	
List	of cu	rrent medicati	ions and reason:			
List	of su	rgeries (type a	and date):			
On Stre	a sc ess _	ale from 1- Pa	10, 10=highest, rain Energy	te your levels of:		
		•	ne for relief?tting better/worse?	D		
		_	l that apply:			
	other Lymp lymp Joint TMJ, Bone Heada Recer other	r	accident-whiplash, sp	asal congestion, croiliac problems, c, other		

Please mark in the diagram above any areas where you have pain or discomfort.

Massage Client Intake Form

Massage Client Waiver Form

Therapist signature:

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.
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 high trained professional and will be happy to make you feel informed and comfortable.
ve received the policy statement, and have read and agree to the policies therein.
nt name:
nt signature:
e: