

At peace Massage Therapy by
Jesika La Rusch

Date: _____

Personal Information:

Client Intake/ Release form

Name: _____

Phone: day/night _____

Address: _____

City/State/Zip: _____

Email: _____

Date of birth: _____ Occupation: _____

Emergency contact: (relation) _____

Phone: _____

**THE FOLLOWING INFORMATION
WILL BE USED TO HELP PLAN A SAFE
AND EFFECTIVE MASSAGE SESSION.
PLEASE ANSWER THE QUESTIONS TO
THE BEST OF YOUR KNOWLEDGE.**

1. Have you had a professional massage before? Yes No
2. Do you have any difficulty lying on your front, back or side?
Yes No
If yes, please explain to your therapist.
3. Do you experience Muscle tension () anxiety () insomnia () irritability () other _____

4. Do you have any particular goals in mind for this massage session? Yes No
If yes, please explain _____

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

Gluteus maximus _____

abdominal _____

Pectoral _____

Medical History

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

Are you currently under medical super vision? Yes No

Do you see a chiropractor? Yes No

Are you currently taking any medications? Yes No

Please list _____

Please check any condition listed below that applies to you:

- () joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis
- () epilepsy
- () headache/migraines
- () cancer
- () diabetes
- () allergies/sensitivity
- () fibromyalgia
- () heart condition
- () TMJ
- () high or low blood pressure
- () carpal tunnel syndrome
- () circulatory disorder

() varicose veins

() pregnancy how many months _____ due date _____

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? (ex: any skin conditions, open sores or wounds, recent surgeries)

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

Please circle any areas of focus.

I, _____ (print name) understand 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, 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 therapists part should I fail to do so. _____ **YES ADD ME TO YOUR EMAIL LIST FOR SPECIAL OFFERS!**

Signature of client

Date

Signature of Licensed Massage Therapist

Date _____