

Great Bodywork !

Confidential Therapeutic Massage Client Intake Form

Name: _____ Age: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ E-mail: _____

Occupation: _____ Hobbies: _____

Height: _____ Weight: _____ Preferred method of contact: _____

Emergency Contact & relationship: _____

Emergency Contact Phone: _____

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

1. Have you had a professional massage before? Yes No If yes, how often? _____

And how long since your last massage? _____

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

If yes, please explain: _____

3. Do you have any allergies to oils, lotions, or ointments? Yes__No__

If yes, please explain: _____

4. Do you have sensitive skin? Yes No Do you consider yourself ticklish? Yes No

If yes, are there areas of your body I should to avoid or be careful around?

Please describe: _____

5. Do you sit for long hours or perform repetitive movements (work, sports, etc.) Yes No

If yes, please describe: _____

6. Do you experience stress in your work, family, or other aspect of your life? Yes No

If yes, do you think it is affecting any of the following: muscle tension () anxiety
() insomnia () irritability () other _____

7. Do you experience stress in your work, family, or other aspect of your life? Yes No

If yes, do you think it is affecting any of the following: muscle tension () anxiety ()

insomnia () irritability () other _____

8. Is there a particular area where you are experiencing (____) tension, (____) stiffness,
(____) pain, or (____) other discomfort now?

If yes, please identify: _____

9. How are you feeling today (physically, emotionally, energetically, etc.)?

10. Do you have any specific goals in mind for this massage session? _____

11. Are you currently under medical supervision (including chiropractic) or taking any medications? Yes No

If yes, please explain/list: _____

12. Please check any conditions or issues listed below that apply to you or you feel are relevant to your treatment today:

- | | |
|--|---|
| <input type="checkbox"/> open sores or wounds | <input type="checkbox"/> deep vein thrombosis/blood clots |
| <input type="checkbox"/> easy bruising | <input type="checkbox"/> joint disorder/arthritis/osteoporosis |
| <input type="checkbox"/> recent injury or surgery | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> contagious skin condition | <input type="checkbox"/> TMJ |
| <input type="checkbox"/> current fever or swollen glands | <input type="checkbox"/> carpal tunnel syndrome |
| <input type="checkbox"/> heart or circulatory condition | <input type="checkbox"/> pregnancy If yes, how many months? |
| <input type="checkbox"/> high or low blood pressure | <input type="checkbox"/> any issues with touch/massage |
| <input type="checkbox"/> headaches/migraines | <input type="checkbox"/> currently being treated for depression |
| <input type="checkbox"/> varicose veins or phlebitis | <input type="checkbox"/> depression, blues, mood issues in past |

Please explain any condition that you have marked above and 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:

Can you please tell me how you learned of me and/or my practice? (Thank you!):

If you really want to personalize your massage experience, give me some descriptive adjectives that describe your ideal massage:_____

I, _____ (print name) understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. I am at least 18 years of age. If I experience any pain, discomfort or anxiety during this session, I will immediately inform the practitioner so that he can stop or adjust the massage as necessary. 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 or other qualified medical specialist for any physical or mental ailment that I am aware of. I understand that massage practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said during 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 practitioner updated as to any changes in my body and health so that they can plan a safe and appropriate massage therapy session.

Signature of client _____ Date _____

All information disclosed in this form is confidential and will be secured under lock & key.

~DESCRIBE YOUR ULTIMATE MESSAGE~

	Least< ----- >More - Most									
How relaxing do you want your massage to be?	1	2	3	4	5	6	7	8	9	10 - Ultra!
How deep do you want your massage to be?	1	2	3	4	5	6	7	8	9	10 - Ultra!
How warm do you like your massage room/table?	1	2	3	4	5	6	7	8	9	10 - Ultra!
How comfortable are you with massage/touch?	1	2	3	4	5	6	7	8	9	10 - Ultra!
How modest are you (0=Not at all and 10=Very)	0	2	3	4	5	6	7	8	9	10 - Ultra!

How Nurturing and/or Challenging? These are difficult concepts to define because they can both mean so many different things to different people. My nurturing work tends to be slower, more generous and more focused on neural, emotional and energetic responses. My challenging work can be, well....*challenging* - but in so many wonderfully different ways. Just go with your intuition and we can discuss the details during your intake.

How **nurturing** do you want your massage to be? 1 2 3 4 5 6 7 8 9 10 - Ultra!

How **challenging** do you want your massage to be? 1 2 3 4 5 6 7 8 9 10 - Ultra!

Areas That You May Want More or Less Attention In: Please circle the type of work you want (or do not want) in the following areas:

Glutes – None | Light | Medium | Thorough | Other: _____

Adductors (inner legs) – None | Light | Medium | Thorough _____

Hip/Groin/Psoas Areas – None | Light | Medium | Thorough | Other: _____

Stomach – None | Light | Medium | Thorough - **Ticklish Stomach?** Yes No _____

Feet – None | Light | Medium | Thorough - **Ticklish Feet?** Yes No _____

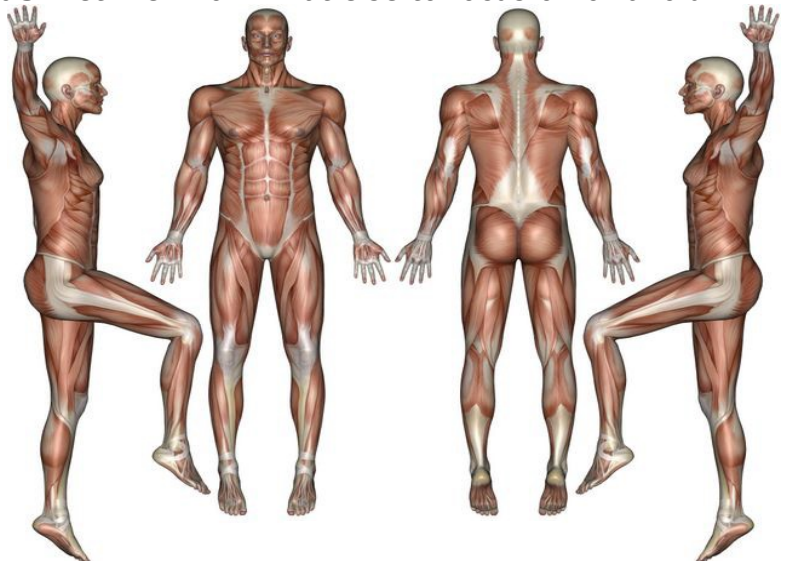
Face — Yes | No **If yes, what type:** Light Relaxing Touch | Deep Muscle Work | Both

Scalp - None | Some | Lots! _____ **Hair** - None | Some | Lots! _____

Chest Work and Full Chest Massage: This section is required for *male and/or female* clients who would like massage on or around their chest. Please note that "Full Chest Massage" *does not include principle/dense breast tissue, areolae or nipples.*

No Chest | UpperChestOnly | FullChest | Full Chest and Sternum (area between breasts).
Let me know what area to include and the type of massage/focus you would like in this area.

Other Areas of Concern or Special Focus: Let me know what else to focus on or avoid.



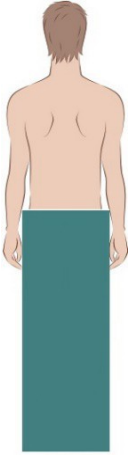
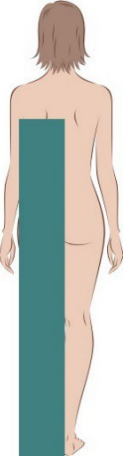
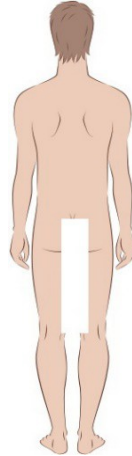
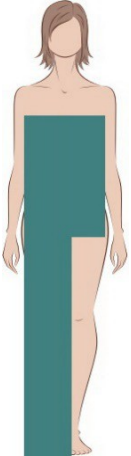
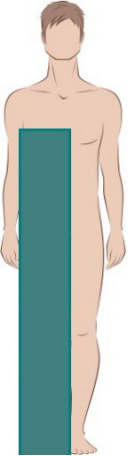
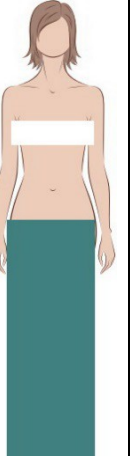
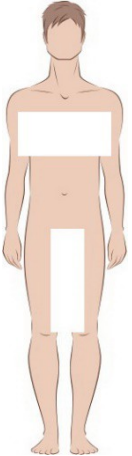
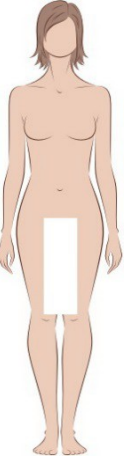
A Whole Lot of Information about Draping and Personal Modesty...

It is very important for both of us to feel as comfortable, relaxed and secure as possible during your session. One of the things that can cause some unease is the amount and type of draping used during the session, so I want to talk a little bit about that with you. The style of massage that I do generally uses less draping than your basic western massage styles. It is loosely based on the Hawaiian Lomi style of massage and lets me use long, full-body strokes to treat the muscles in your neck, back, arms, hips, glutes, legs, feet and toes as one separate-but-definitely-continuous and integrated group of muscles.

You can always change your draping preferences later by completing a new Draping Preference Form, so just make these choices based on your level of comfort and how you feel today.

Your first choice is whether you want to wear undergarments. If it is not a personal modesty issue, then I recommend not wearing any. They just get in the way of full body work, **but this is a choice I leave completely up to you.** I will make sure that are you covered to your desired level of modesty throughout the massage with a sheet or Lomi towels or however you specifically request. Which brings us to your next choice....

What type of draping or covering you want while you are being massaged? You are free to choose how much or how little draping is used for your massage. Please use the pictures below to choose the draping that you would like. **The green represents a sheet and the white represents a cloth towel.** The draping to the left of each set is the most modest/clinical but does not allow for the most thorough and uninterrupted Deep Lomi Massage experience – whereas the draping to the right does but is obviously less modest. **The bottom line is that you feel safe, relaxed and completely comfortable with your choice so that you can thoroughly enjoy your massage.**

Face Down (Circle One & Initial Below)			Face Up (Circle One & Initial Below)				
Western Sheet	Lomi Sheet	Traditional Lomi Towel	Western Sheet	Lomi Sheet	Sheet and Towel	Western Lomi Towels	Island Lomi Towel
							

- ☐ Check this box if you would like your chest undraped **only for the time** that you are receiving work directly on your chest and then draped again.
- ☐ Check this box if you would like to have your chest undraped but would like your breasts, ie: nipples/areole covered.

*These options are offered so that you know that you are in complete control of your body and modesty while you are on my table as well as to say that for me, in terms of bodywork, **there should be no shame or glory rooted in our human form, only freedom and acceptance.***

Great Bodywork Informed Consent & Acknowledgments for Massage

The following are the required informed consent provisions that are required for licensed massage therapy in Washington state. They will also help me to customize your session. Please read each section carefully and then circle your selection and initial in the space below it. You can also cross out any areas that you do not want to be worked on. Please ask me to fully explain anything that you do not understand. **If you feel uncomfortable for any reason during the session, it is your absolute right (and I urge you to exercise it) to verbally stop the session and/or talk to me about how to make you feel comfortable before we continue.**

Gluteus, sacrum and tailbone massage: Treatment to the buttocks and tailbone may be beneficial to reduce pain radiating down the leg, back and pelvic pain, as well as improve posture and ease walking. It can also be integral to a full-body relaxation massage experience.

Not Treated	Treated	Over Draping	Uncovered for Treatment	Uncovered for Session

Pelvic and abdominal massage: Treatment to the abdomen, including the lower stomach below the navel and above the pubic bone, as well as the adductor attachments at the groin and pubic bone, may be beneficial to reduce pain, improve respiration, increase flow of blood and lymph fluid throughout the organ tissue as well as relax the fascia and improve posture. It can also be integral to a full-body relaxation massage experience.

Not Treated	Treated	Over Draping	Uncovered for Treatment	Uncovered for Session

Rib and pectoral massage: treatment to the breast bone and underarms, as well as the upper and lower chest immediately above and below the breast tissue, may be beneficial to reduce pain, improve respiration, increase flow of blood and lymph fluid throughout the organ tissue as well as relax the fascia and improve posture. There may be incidental contact with the breast tissue during this treatment. It can also be integral to a full-body relaxation massage experience.

Not Treated	Treated	Over Draping	Uncovered for Treatment	Uncovered for Session

This sheet will be kept in your file and consulted before each session. You can change your answers whenever and as often as you want.

Printed Name: _____ Signature and Date: _____