

Great Bodywork !

Confidential Client Intake Form

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ E-mail: _____

Height: _____ Weight: _____ Occupation: _____ Hobbies: _____

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? _____

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 I should avoid or be careful around? _____

5. Do you sit for long hours at a workstation, computer, or driving? Yes No
If yes, please describe: _____

6. Do you perform any repetitive movement in your work, sports, or hobby? Yes No
If yes, please describe: _____

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 of the body where you are experiencing tension, stiffness, pain
or other discomfort now? Yes No
If yes, please identify: _____

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

10. Circle any of the topics below if you are interested in incorporating them into your massage session, either
now or later:

| Nurturing Touch | Energy Work | Breath Work | Thai Stretching |

Comments: _____

Medical History

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

If yes, please explain/list: _____

12. Please check any condition listed below that applies to you:

- | | |
|--|---|
| <input type="checkbox"/> any issues with touch/massage | <input type="checkbox"/> any adverse reactions to massage |
| <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/rheumatoid- |
| <input type="checkbox"/> recent injury or surgery | arthritis/osteoarthritis/tendonitis |
| <input type="checkbox"/> contagious skin condition | <input type="checkbox"/> osteoporosis |
| <input type="checkbox"/> sprains/strains | <input type="checkbox"/> headaches/migraines |
| <input type="checkbox"/> current fever | <input type="checkbox"/> cancer |
| <input type="checkbox"/> swollen glands | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> allergies/sensitivity | <input type="checkbox"/> decreased sensation |
| <input type="checkbox"/> heart condition | <input type="checkbox"/> back/neck problems |
| <input type="checkbox"/> high or low blood pressure | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> circulatory disorder | <input type="checkbox"/> TMJ |
| <input type="checkbox"/> varicose veins or phlebitis | <input type="checkbox"/> carpal tunnel syndrome |
| <input type="checkbox"/> atherosclerosis | <input type="checkbox"/> pregnancy If yes, how many months? |

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:

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

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 or discomfort during this session, I will immediately inform the practitioner 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 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 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 practitioner updated as to any changes in my medical profile in the future and understand that there shall be no liability on the therapist's part should I fail to do so.

Signature of client _____ Date _____

All information disclosed in this form is confidential and will not be shared with anyone without your express consent and knowledge.

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

It is very important for both of us to feel as comfortable, relaxed and safe as possible during your session. One of the things that can cause the most unease is the amount and type of draping used during the session, especially in styles of massage that traditionally use less draping than other styles or are just better with less draping. **My standard recommendation is for you to undress completely (underwear and all), if you are comfortable doing so and get under the sheet to begin.** This lets me use long, full-body strokes to treat the muscles in your neck, back, arms, hips, outside glutes and legs as one separate-but-definitely-continuous and integrated group of muscles. I will keep you covered to your desired level of modesty throughout the massage with a sheet or Lomi towel unless you specifically request no draping.

Please circle your level of modesty and desired level of draping below and **ask me if you have any questions regarding draping.**

Draping Options from Least to Most Modest: Please Circle to Select

None | Island Lomi Towel | Traditional Lomi Towels | Lomi Sheet | Western Sheet | Other

Draping Examples: These images illustrate different styles of draping that are available to you at my practice. I used female figures for the examples, but the draping options apply equally to men and women. **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. I suggest that you undress as completely as you are comfortable with and then choose the least modest draping that you are completely comfortable with. I will adjust my massage to meet your draping preferences. **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		Face Up				No Draping
Lomi Sheet	Traditional Lomi Towel	Western Sheet	Lomi Sheet	Traditional Lomi Towels	Island Lomi Towel	With or W/O Clothing*

I include the no-draping option for clients who are very comfortable with their bodies and feel it is more natural to be worked on in this manner 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. At this time the Washington state regulations allow for licensed massage to be done in this manner, but the regulations will probably be changing in the next year and we may have to revisit your draping options at that time. In addition, your desired draping should be decided upon before the massage as I do not like to change to less modest draping preferences in the middle of a session without written consent.*