

Client Intake Form For Massage Therapy

Name _____ Date of Birth _____
Address _____
City _____ State _____ Zip Code _____
Home Phone(____) _____ Work Phone(____) _____
Cell Phone(____) _____ E-mail Address _____
Referred By _____ Phone(____) _____
Emergency Contact _____ Phone(____) _____

Do you currently have or have had in the past the following conditions in any form, please check the appropriate box, please explain below.

- | | |
|--|--|
| <input type="checkbox"/> Stress | <input type="checkbox"/> Back Pain |
| <input type="checkbox"/> Sensitivity or allergy to heat | <input type="checkbox"/> Epilepsy or seizures |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Open wounds, lesions, rashes, or infections |
| <input type="checkbox"/> Headaches/migraines | <input type="checkbox"/> Skin Problems/irritations |
| <input type="checkbox"/> Currently pregnant or lactating | <input type="checkbox"/> Broken bones in the past 2 years |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Have you recently had surgery |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Varicose veins |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Tension/soreness in a specific area. If so, where? _____ | |
| <input type="checkbox"/> Numbness or stabbing pains anywhere. If so, where? _____ | |
- Any additional information that I should be aware of?

Are you taking any medications that I should know about?

Is this your first massage experience? _____ If you answered no, when was your last massage? _____
Please explain your reason for having a massage: _____

Please take a moment to read the following information:

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this and future sessions, 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/bodywork 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. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and have answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment in full of the scheduled appointment. I also understand that **if I cancel or do not show to any massage appointment without at least 24 hours notice, I am responsible for payment in full.** I will be charged \$70.00 (Cost of one-hour session) or \$40.00 (Cost of half hour session) and it will be due in full within three (3) days of missed appointment.

Name (printed) _____ Date _____

Signature _____