

Touch Factor Massage - Confidential Massage Client Intake Form

Personal Information

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ E-mail: _____

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 do you receive massage therapy? _____
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. Are there any massage/spa smells that you like/dislike? _____
Examples: Vanilla, peppermint, eucalyptus, jasmine, lavender, lemongrass, etc.
6. Do you sit for long hours at a workstation, computer, or driving? Yes No
If yes, please describe: _____
7. Do you perform any repetitive movement in your work, sports, or hobby? Yes No
If yes, please describe: _____
8. Do you experience stress in your work, family, or other aspect of your life? Yes No
If yes, how do you think it has affected your health? muscle tension () anxiety ()
insomnia () irritability () other _____
9. 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: _____
10. Do you have any particular goals in mind for this massage session? Yes No
If yes, please explain: _____

Medical History

11. Are you currently under medical supervision? Yes No
If yes, please explain: _____
12. Do you see a chiropractor? Yes No - If yes, how often? _____

13. Are you currently taking any medication? Yes No
If yes, please list: _____

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

- | | |
|--|--|
| <input type="checkbox"/> contagious skin condition | <input type="checkbox"/> deep vein thrombosis/blood clots |
| <input type="checkbox"/> open sores or wounds | <input type="checkbox"/> joint disorder/rheumatoid-
arthritis/osteoarthritis/tendonitis |
| <input type="checkbox"/> easy bruising | <input type="checkbox"/> osteoporosis |
| <input type="checkbox"/> recent accident or injury | <input type="checkbox"/> epilepsy |
| <input type="checkbox"/> recent surgery | <input type="checkbox"/> headaches/migraines |
| <input type="checkbox"/> artificial joint | <input type="checkbox"/> cancer |
| <input type="checkbox"/> sprains/strains | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> current fever | <input type="checkbox"/> decreased sensation |
| <input type="checkbox"/> swollen glands | <input type="checkbox"/> back/neck problems |
| <input type="checkbox"/> allergies/sensitivity | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> heart condition | <input type="checkbox"/> TMJ |
| <input type="checkbox"/> high or low blood pressure | <input type="checkbox"/> carpal tunnel syndrome |
| <input type="checkbox"/> circulatory disorder | <input type="checkbox"/> tennis elbow |
| <input type="checkbox"/> varicose veins or phlebitis | <input type="checkbox"/> pregnancy If yes, how many months? |
| <input type="checkbox"/> atherosclerosis | |

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:

15. 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 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 physical or mental ailment that I am aware of. I understand that massage therapists are not qualified to perform spinal or 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 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.

Optional Information: Tell me anything that can help me understand more about the type of massage that you want to receive and help me to give you the best experience possible!

	Less<----->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 would you rate your level of modesty?	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 warm do you like your massage room?	1 2 3 4 5 6 7 8 9 10 - Ultra!

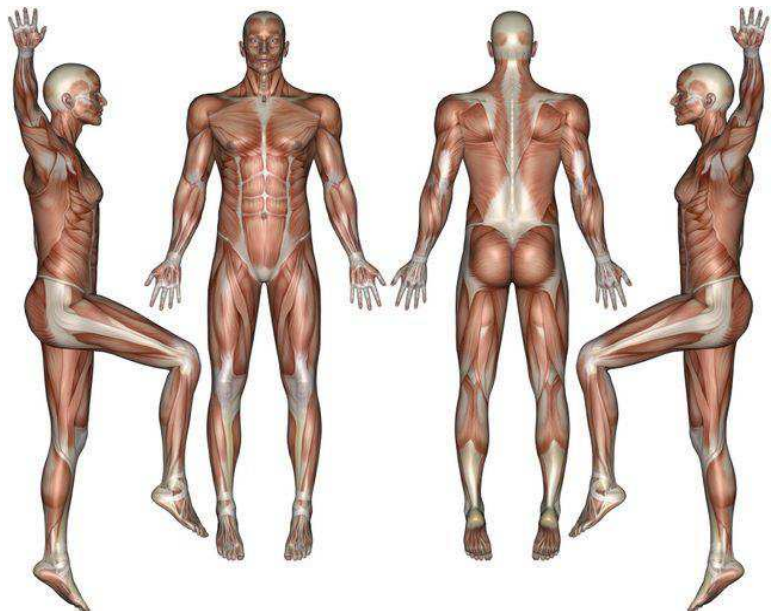
Specific Areas - These are some areas on the body that can greatly benefit from massage but can be too sensitive or uncomfortable to be worked on for some clients. Please circle the type of work, if any, you want in the following areas:

- Feet** - None | Light | Medium | Thorough - **Ticklish?** Yes No _____
- Adductors (inner thighs)** - None | Light | Medium | Thorough _____
- Glutes** - None | Light | Medium | Thorough | Other: _____
- Stomach** - None | Light | Medium | Thorough - **Ticklish?** Yes No _____

Draping/Modesty - My standard recommendation is to undress completely (underwear and all) for your massage and get under the top sheet to begin, **if you are comfortable doing so**. This lets me use long, full-body (Lomi Style) 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 always keep you covered to your desired level of modesty throughout the massage with a sheet or Lomi towel unless you request no top sheet draping. Please indicate your desired draping below by circling it and **ask me if you have any questions at all regarding draping as your comfort is the most important thing**.

Least Modest <----->Most Modest
 None | Traditional Lomi Towel | Modified Lomi Sheet | Traditional Western Sheet | Other

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



If you really want to dial in your massage experience, give me three (or more) creative adjectives that describe your ideal massage: