



Well Being
MASSAGE THERAPY

Client Intake Form for Massage Therapy

All client information is confidential
Please keep your therapist informed if any
of the below information changes.

Today's Date: _____

Personal Information:

Name: _____ Phone: _____

Address: _____

Email: _____ DOB: _____ Occupation: _____

Emergency Contact: _____ Phone: _____

How did you hear about us? _____

May we email you about events, promos, or changes? yes no

**The following questions will help to plan safe and efficient massage sessions.
Please answer to the best of your knowledge.**

What is your preferred pressure? Light Medium Deep

How long since your last massage? _____ This is my first

Do you have any allergies or sensitive skin? _____

Do you bruise easily? yes no

Do you sit for long periods of time? yes no how long? _____

Do you perform repetitive movements for work or hobbies? yes no

How much do you exercise? never sometimes regularly

How much do you stretch? never sometimes regularly

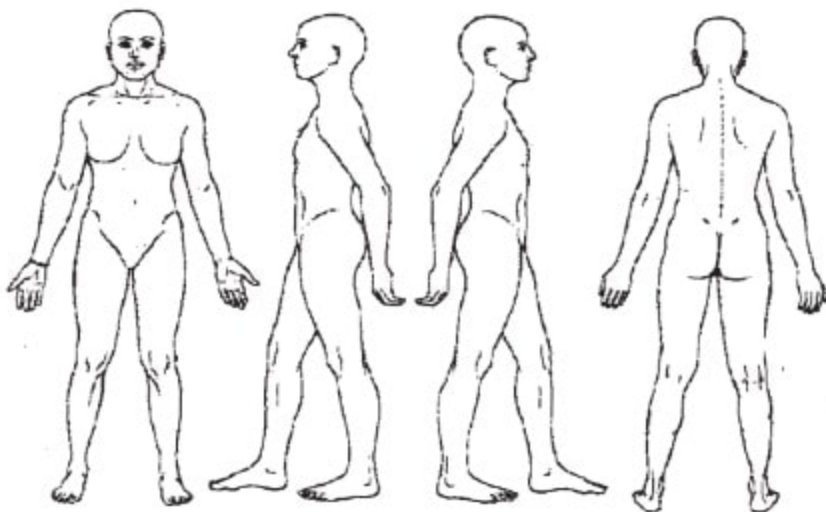
Does stress affect your health in any of the following ways:

[irritability] [tension] [insomnia] [anxiety] other: _____

What are your goals for you massage session(s)?

Are there any areas you prefer NOT to have massaged? (e.g. feet, head, etc...)

Please circle any problem areas that you have.



General Medical Information

Do you see a Chiropractor? yes no How often? _____

Are you under the care of a physician? yes no What for? _____

Are you pregnant? yes no

Please indicate any of the following conditions that apply to you:

- Anything contagious
- Open wounds or sores
- Recent accident or injury
- Recent surgery
- Fever in the past 24 hours
- Artificial joints
- Inflammation
- Heart condition
- High/low blood pressure
- Circulatory disorder
- Varicose veins

- Blood clots
- Arthritis
- Osteoporosis
- Epilepsy
- Headaches/Migrains
- Sleep Apnea
- Scoliosis
- Fibromyalgia
- TMJ
- Carpal Tunnel
- Decreased sensation

Please explain any of the above that you checked. Please indicate if any conditions are controlled with medication. If there are any conditions you have that are not listed, please list them.

The reason we need this information is so that you may receive a safe massage. Massage therapy works directly with the body and some conditions or medications may be contraindicated for massage. Please answer all questions to best of your knowledge.

Cancellation Policy

24 Hour Notice is Required to Cancel or Reschedule All Appointments

Less than 24 hours notice - 50% of service total is due

3 hours or less/no show - 100% of service total is due

*If for any reason you are unable to make it to your appointment and do not give the required notice, you will be billed via email for the session according to the Cancellation Policy above. The balance must be paid before you can book your next session.

*After the first occurrence of cancelling with less than 24 hours notice, you will be required to have a valid card on file.

Booking

You are required to have a valid email address on file to book your appointment.

Your information is secure and confidential. Your email address will NOT be shared with anyone.

You will only receive emails about your appointment, unless you choose to receive Well Being's newsletter.

Session

If you are late for your appointment, your session will end at it's scheduled time and full payment is due.

Each session ends 2-5 minutes early to give the client time to slowly get up and dress.

Ethics

No inappropriate or sexual behavior will be tolerated. The client will be asked to leave and full payment will be due.

Rights

Well Being Massage Therapy reserves the right to refuse treatment to any person who does not respect the therapist/client boundaries, anyone under the influence of drugs or alcohol, anyone who has not paid an outstanding balance, or anyone who has medical conditions that are unsafe for massage.

Clients have the right to stop treatment at any time for any reason. While I hope this is never the case, I understand that you are in control of your own wellness journey. I always appreciate feedback. Let me know if I am doing a good job! Or if there is something I can do better.

I understand that massage therapy is not a substitute for medical care. Massage therapists cannot prescribe, diagnose, or give medical treatment and nothing that is said during the session should be construed as such. I affirm that I have listed all medical conditions and answered all questions honestly. I will keep my therapist informed on any medical changes. I understand there shall be no liability on my therapist's part if I fail to do so. I have read and agree with all policies including the Cancellation Policy.

Client Signature _____ **Date** _____

Therapist Signature _____ **Date** _____