



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

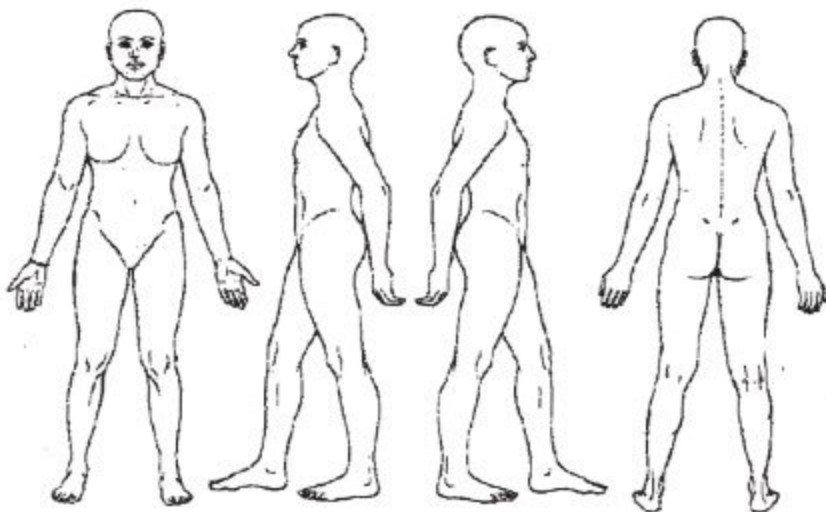
Does stress affect your health in any of the following ways:

[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 | <input type="checkbox"/> | Blood clots | <input type="checkbox"/> |
| Open wounds or sores | <input type="checkbox"/> | Arthritis | <input type="checkbox"/> |
| Recent accident or injury | <input type="checkbox"/> | Osteoporosis | <input type="checkbox"/> |
| Recent surgery | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> |
| Fever in the past 24 hours | <input type="checkbox"/> | Headaches/Migrains | <input type="checkbox"/> |
| Artificial joints | <input type="checkbox"/> | Sleep Apnea | <input type="checkbox"/> |
| Inflammation | <input type="checkbox"/> | Scoliosis | <input type="checkbox"/> |
| Heart condition | <input type="checkbox"/> | Fibromyalgia | <input type="checkbox"/> |
| High/low blood pressure | <input type="checkbox"/> | TMJ | <input type="checkbox"/> |
| Circulatory disorder | <input type="checkbox"/> | Carpal Tunnel | <input type="checkbox"/> |
| Varicose veins | <input type="checkbox"/> | Decreased sensation | <input type="checkbox"/> |

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.

Cancellations

24 Hours Notice is required to cancel/reschedule your appointment.
A credit card is required to hold all appointments.
You will not be charged unless you fail to follow the cancellation policy.

Less than 24 hours - 50% of total service cost is due
Less than 3 hours/no show - 100% of total service cost is due

Gift certificates are subject to the same policy.

Session

Each session ends 2-5 minutes early in order for each client to have time to slowly get up and dress after their session.

If you are late for your appointment, your session will end at the regular time and full payment is due.

Ethics

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

Rights

Clients have the right to stop treatment at anytime for any reason.

Therapists have the right to refuse treatment to anyone who does not respect client/therapist boundaries, anyone under the influence of drugs or alcohol, anyone who has not paid an outstanding balance, or anyone who has a medical condition that is unsafe for massage therapy.

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

Client Signature _____ Date _____

Therapist Signature _____ Date _____