## Massage Client Intake Form

## PLEASE PRINT LEGIBLY

blood clots

Diabetes

Numbness/Tingling, SciaticaTendonitis, Bursitis

I DDIIO	DIRINI DDGI	221			
Name		Email			
		City/State/Zip Birthday			
Phone	: Home	Work	Cell	Birthday//_	
Occup	ation		Referred to T	his Office By	
In Cas	e of Emergen	cy Please Contact		Phone	
Gene	ral and Med	ical Information			
Y N	Have you eve	r had a professional mas	sage? If yes, how o	ften?	
Y N	Are you pregr	nant? If yes, how far ald	ong are you?		
Y N	Are you sensit				
Y N	Are you allerg	ic or sensitive to any oils	(essential oils, nut oils	, scents)? If yes, please list:	
List of c	current medicatio	ns and reason:			
List of s	urgeries (type a	nd date):			
		Pain/Tension: 0, 10=highest, rate y	your levels of:	Q.	
		n Energy _ toms begin and when			
What 1	have you done	e for relief?			
Is the	condition gett	ing better/worse? _			
Please check all that apply:					
□ Skir oth		h, warts, hives, skin ca	ancer,		
□ Lym	phatic conditic	on-swollen gland, nasa	l congestion,		
lym	ıph edema				
	it problems/sti J, other	ffness-arthritis, sacroi	nac problems,		
		teoporosis, fracture, ot	ther		
□ Hea	daches			/1/11/	
□ Rece		cident-whiplash, spra	ın, bruise,	}	
		 ion-high blood pressur	re, varicose veins.	اد الأسال	

Please mark in the diagram above any areas where you have pain or discomfort.

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## **Massage Client Waiver Form**

Therapist signature:\_

Please take a moment to read and initial all of the following statements:

	If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.
	I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.
	I affirm that I have notified my therapist of all known medical conditions and injuries.
	I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so.
	I understand that massage is entirely therapeutic and non-sexual in nature.
	By signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to massage therapy and bodywork.
	I understand that should I cancel an appointment less than 24 hours before the scheduled time or "no show" an appointment, I am subject to a fee equal to the cost of the missed appointment. This fee is monetary & can't be taken as an additional "punch" off a massage package card. If the appointment was booked under a gift certificate, it will be voided in lieu of the fee.
	Information and Suggestions
	Prior to your massage, please remove contact lenses and all jewelry. Pull long hair back with a clip or
•	band. In general, massage is given while you are unclothed. However, you may choose to wear undergarment or a swimsuit. You will be covered with a top sheet throughout your session. This is your massage and you should be as comfortable as possible.
	Feel free to ask your therapist any questions before, during, or after the session. Your therapist is a high trained professional and will be happy to make you feel informed and comfortable.
ıve r	eceived the policy statement, and have read and agree to the policies therein.
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	gnature:
e:	