

Client Intake Form - Therapeutic Massage

Client Information

Name _____ Email _____
Phone (cell/day) _____ DOB _____ Age: _____
Address _____ City/State/Zip _____
Emergency Contact Name _____ Phone _____ Relationship _____
Occupation _____ Referred by: _____

Health Information

Are you taking any medications? yes no If yes, please list: _____

Any allergies? (oils, lotions, nuts, fruits, skin, etc.) yes no If yes, please list: _____

Are you pregnant? yes no If yes, how many months: _____ Due date: _____

Are you currently under medical supervision or receiving other medical interventions? yes no

If yes, please describe: _____

Areas of swelling	yes	no	Diabetes	yes	no	Osteoporosis	yes	no
Autoimmune disorder	yes	no	Fibromyalgia	yes	no	Phlebitis	yes	no
Back / neck problems	yes	no	Headaches	yes	no	Sciatica	yes	no
Bleeding disorders	yes	no	Heart condition	yes	no	Seizures	yes	no
Blood clots	yes	no	Hypertension	yes	no	Stroke	yes	no
Bruise easily	yes	no	Kidney disease	yes	no	Tendinitis	yes	no
Bursitis	yes	no	Multiple sclerosis	yes	no	TMJ disorder	yes	no
Cancer	yes	no	Neurological condition	yes	no	Varicose veins	yes	no
Contagious condition	yes	no	Neuropathy	yes	no	Vertigo / dizziness	yes	no
Decreased sensation	yes	no	Osteoarthritis	yes	no			

Areas of broken skin? (e.g. rash, wounds) yes no If yes, where? _____

History of joint replacement surgery? yes no Which joint(s)? _____

Recent injuries or medical procedures in the past 2 years? yes no Please describe: _____

Please describe any other injuries or health conditions: _____

Massage Information

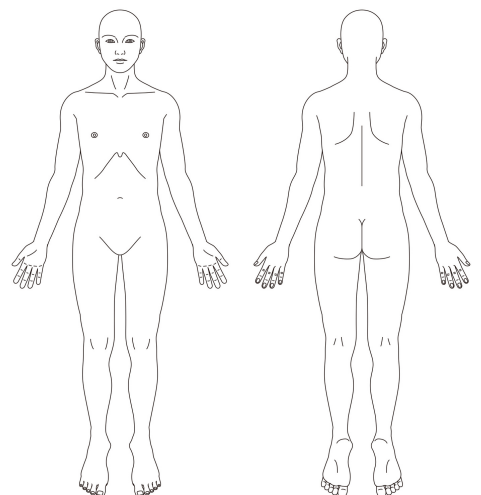
Have you had professional massage before? yes no How recently? _____

Reason for seeking massage: Relaxation Specific problem

Please indicate any areas of discomfort

How much pressure do you prefer? Light Medium Firm

Continue to PAGE 2 for policies & acknowledgement.



Massage Therapy Expectations & Client Consent

Cancellation and No-Show Policy

In consideration of all our clients and the massage therapists, we require a minimum 24-hour notice to cancel/reschedule an appointment. If appropriate notice is not given, the client may be charged the full fee. No-shows are treated as a cancellation without notice and the full fee will be charged. Two no-shows will disqualify the client for future bookings and/or referrals. *We reserve the right to refuse appointments to any client who has demonstrated a disregard for our cancellation policy and the therapists' time; We cannot continue to take treatment time away from others who need care.*

Late Arrival Policy

Massage sessions will begin and end at the scheduled time. If a client arrives late, the session may need to be shortened out of respect for the other clients scheduled. In this case, full-session fees still apply. Should you arrive 15 minutes or more past your start time, your appointment may have to be rescheduled and a service fee may apply.

Massage Termination

Only professional massage for therapeutic purposes is offered at this practice. Services will be immediately terminated in the event of inappropriate conduct of any kind or if the therapist's safety is compromised in any way. Inappropriate conduct will immediately disqualify the client from future bookings. Personal and professional boundaries will be respected at all times.

Draping Policy

All clients will be appropriately draped with a sheet at all times during the massage session. Only the area(s) of the body currently being worked on will be exposed.

Other

1. Clients under 18 years must have written consent and be accompanied by guardian during the entire session.
2. A doctors note (from OB/GYN) may be required for clients pregnant at the time of massage.
3. Special package pricing: locked in when active massage client (last package purchased within last 365 days). If no package is purchased, current package pricing will apply.
4. Any client with a contagious condition must not come to the office but call to inform therapist.
5. Client privacy and confidentiality will be maintained at all times.
6. Any client who arrives under the influence of drugs or alcohol will be asked to leave.
7. This is a non-smoking, odor-neutral office.
8. Clients are expected to be clean and have showered prior to receiving a massage.

Massage therapy can provide the benefits of relaxation, stress reduction, reduced muscular pain and spasms, improve circulation, and increase range of motion. I understand that massage therapists are not licensed to practice medicine and cannot diagnose illness or disease; perform spinal manipulation or prescribe medical treatment. I am aware that massage therapy is not a substitute for medical treatment, medication, or diagnosis for any health condition I may have. It's recommended that I pursue appropriate health management for any condition I may have.

General benefits of massage, any cautions or contraindications have been explained to me. Due to certain contraindications and cautions for massage, the practitioner must be made aware of existing physical/mental conditions. I have informed the therapist of all my known physical/medical conditions, and medications. I understand that it is my responsibility to keep the therapist updated on any changes in my health status and agree to do so each time I receive a massage.

I have read, fully understand, and agree to abide by the guidelines and expectations listed above.

Client Signature: _____

Date: _____

Therapist Signature: _____