



Client Intake Form

Name _____

Address _____

City _____ State _____ Zip _____

Check Preferred #

Home _____ Cell _____ Work _____

Profession _____

Referred by _____

Physician's Name and Number _____

Emergency Contact: _____

Massage Experience

Have you had a professional massage before?..... Yes No

If yes, how often do you receive massage/bodywork? _____

What are your goals for this treatment? (Pain relief, relaxation etc.) _____

Current Health

List any sports/activities you participate in _____

List any recent injuries or past relevant injuries _____

List any recent surgeries _____

List any medications or allergies _____

Health History (check next to any conditions that apply to you)

- Back pain
- Spinal problems (bulging discs, scoliosis)
- Osteoporosis
- Broken bones
- Bruise easily
- Skin conditions
- Varicose veins
- Blood clots
- Heart condition
- High blood pressure
- Low blood pressure
- Tendonitis, bursitis, etc
- Arthritis
- Diabetes
- Seizures
- Nerve Degeneration
- Cancer or tumors
- Infectious Diseases
- TMJD/Jaw Pain

Any other medical conditions your therapist should be aware of? _____

Massage Therapy Informed Consent

I, _____, (client) understand that massage is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation and offer a positive experience of touch.

The general benefits of massage, possible massage contraindications and the treatment procedure have been explained to me. I understand that massage therapy is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Caregiver for any condition I may have. I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of massage therapy.

I have informed the massage therapist of all my known physical conditions, medical conditions and medications, and I will keep the massage therapist updated on any changes.

Client Signature _____ Date _____

Policies:

Cancellations:

Your business is valued and your cooperation is appreciated .We are making a commitment to you to guarantee your appointment time and refusing all other requests once you have made the appointment. A 24-hour cancellation notice is required for any scheduled appointments including gift certificate sessions. Missed or no-show appointments will result in your being charged the full amount of the session booked unless the appointment can be filled. Depending on our booking schedule, late appointments may not receive the full session time allotted for the treatment service booked: Full payment is required. Emergency cancellations are determined by the Massage Therapist discretion.

Client Signature _____ Date _____