Massage Intake Form

Personal Information

Name _____ Phone (day) _____ (evening) _____

Address _____ City/State/Zip _____ DOB _____

Occupation _____

Email _____ Primary Physician _____

Emergency Contact _____ Relationship _____ Phone _____

Did someone refer you? _____

Medical Information

Are you taking any medications? ☐ yes ☐ no

If yes, please list name and use: _____

_____

Are you currently pregnant? ☐ yes ☐ no

If yes, how far along? _____

Any high risk factors? _____

Do you suffer from chronic pain? ☐ yes ☐ no

If yes, please explain _____

What makes it better? _____

_____

What makes it worse? _____

_____

Have you had any orthopedic injuries? ☐ yes ☐ no

If yes, please list: _____

Please indicate any of the following that apply to you.

☐ Cancer
☐ Headaches/Migraines
☐ Arthritis
☐ Diabetes
☐ Joint Replacement(s)
☐ High/Low Blood Pressure
☐ Neuropathy
☐ Fibromyalgia
☐ Stroke
☐ Heart Attack
☐ Kidney Dysfunction
☐ Blood Clots
☐ Numbness
☐ Sprains or Strains

Explain any conditions you have marked above:

_____

_____

_____

_____

Massage Information

Have you had a professional massage before? ☐ yes ☐ no

What type of massage are you seeking?

☐ Relaxation ☐ Therapeutic/Deep Tissue

Other _____

What pressure do you prefer?

☐ Light ☐ Medium ☐ Deep

Do you have any allergies or sensitivities? ☐ yes ☐ no

Please explain _____

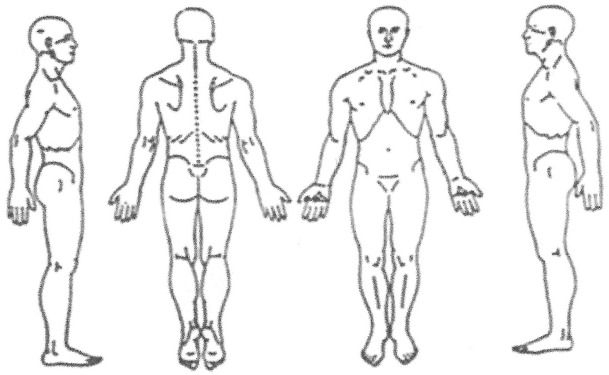
Are there any areas (feet, face, abdomen, etc.) you do not want massaged? ☐ yes ☐ no

Please explain _____

What are your goals for this treatment session?

_____

Please circle any areas of discomfort



By signing below you agree to the following.

I have completed this form to the best of my ability and knowledge and agree to inform my therapist if any of the above information changes at any time.

Client Signature _____ *Date* _____

Therapist Signature _____ *Date* _____

Denise White, CLMT

Consent to Treat and Cancellation/Late Policy

Consent to Treat:

I understand that the massage given to me is for the purpose of (stress reduction, pain reduction, relief from muscle tension, increasing circulation or specific reasons stated here _____. I understand that the massage therapist does not diagnose illness or disease and does not prescribe medical treatment or pharmaceuticals, nor are spinal manipulations part of massage therapy. I understand that, because.
By signing this form, I acknowledge that:

- Massage therapy work involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including but not limited to Covid-19.
- I am aware of the risks involved from receiving treatment and I voluntarily agree to assume those risks for this treatment and all future treatments.
- I release and hold harmless the practitioner/business from all claims related thereto.
- I understand that massage therapy is not a substitute for medical care and that it is recommended that I work with my primary care physician for any condition I may have.
- I have stated all my known physical conditions and medications, and I will keep the massage therapist updated on any changes.
- I give my consent to receive treatment from this practitioner.

Cancellation & Policy:
My purpose is to provide quality care. I ask that you give me at least 24 hour notice to change or cancel an appointment. Giving less than 24 hour notice is an inconvenience to the other clients needing care and usually cannot be filled. Therefore, I must charge for all missed appointments and those appointments cancelled with less than 24 hour notice. **If you need to cancel due to illness, I will NOT charge for the missed appointment.**

Late Policy:
I value your time, so I try my best to run on time. Therefore, if you are late to your appointment I must still end on time and charge for the full session.

I have truthfully completed this health intake form. I have fully read, understand, and completely agree to the above consent to treat and cancellation/late policy.

Client Signature: _____

Date:_____

Parent/Guardian Signature: _____

Date: _____