

Massage Client Intake Form

Client Contact Information

Client Name: _____ Date of Birth: _____
Address: _____ City: _____
State/Zip: _____ E-mail: _____
Home Phone: _____ Cell: _____ Work: _____
Occupation: _____ Referred by: _____
Emergency contact: _____ Phone: _____
Physician/Primary Care Doctor: _____ Phone: _____
Do I have permission to contact your doctor regarding your care? YES _____ NO _____
Is this massage/bodywork medically necessary (is it for a medical condition, injury or surgery)?
YES _____ NO _____
Do you have a physician referral/prescription? YES _____ NO _____
Type for coverage for this claim: Worker's Compensation _____, Car Accident _____, Private
Health _____.

Massage/ General Information

Have you ever received professional massage/bodywork before? YES _____ NO _____
If yes how often? _____
What type of pressure for you prefer? Light _____ Medium _____ Hard _____
Are you sensitive of touch/pressure in any area? (ticklish) _____
Are you allergic or sensitive to any oils (essential oils, nut oils, scents)? If yes, please list:

Are you pregnant? If yes, how far along are you? _____
List of current medications and reasons: _____

List of surgeries (type and date):

Indicate Areas of Pain and Tension:

On a scale from 1-10, 10 = highest, please rate your levels of: Stress _____ Pain _____ Energy _____
How did your symptoms begin and when did they start?

What have you done for relief? _____
Is the condition getting better/worse? _____
Do your symptoms interfere with your activities of daily living (sleep, work, childcare, exercise)?
YES _____ NO _____

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Please list and prioritize your current symptoms/issues (pain, stress, numbness/tingling, swelling, stiffness etc): _____

Health History

Circle any of the following health conditions you currently have (If you are unsure, please ask): blood clots, infections, congestive heart failure, contagious diseases, pitted edema, shingles/chicken pox, transmitted diseases. If none of these apply please initial. _____

-Please answer honestly, as massage may not be indicated for the above conditions.

Please indicate conditions that you have or had in the past. Explain in detail, including treatment received:

Current	Past	Muscle pain/stiffness
Current	Past	Joint pain/stiffness
Current	Past	Numbness/tingling, sciatica
Current	Past	Swelling
Current	Past	High/Low blood pressure
Current	Past	Stroke or Heart attack
Current	Past	Varicose/spider veins
Current	Past	Shortness of breath, asthma
Current	Past	Cancer- What type? _____
Current	Past	Neurological (Parkinson's, MS)
Current	Past	Epilepsy, seizures – If yes, how often? _____
Current	Past	Headaches, migraines – If yes, how often? _____
Current	Past	Dizziness, ringing in the ears
Current	Past	Digestive conditions (e.g. crohn's, IBS)
Current	Past	Gas bloating, constipation
Current	Past	Kidney disease, infection
Current	Past	Arthritis (rheumatoid, osteoarthritis)
Current	Past	Osteoporosis, degenerative spine/disk disease
Current	Past	Scoliosis
Current	Past	Broken Bones
Current	Past	Allergies – Please list _____
Current	Past	Diabetes (Hypo/Hyper)
Current	Past	Endocrine/thyroid conditions
Current	Past	Depression, anxiety
Current	Past	Memory Loss, confusion or easily overwhelmed

Comments: _____

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

I understand the massage/bodywork I receive is provided for the purpose of relaxation, stress relief and the relief of muscular tension. If I experience pain or discomfort during the session, I will immediately inform my therapist so the 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 the services offered today are not a substitute for medical care. I understand 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 there shall be no liability on the therapist's part should I forget/fail to do so. _____

I understand that massage is entirely therapeutic and non-sexual in nature, and any illicit or sexually suggestive remarks or advances made by me (the client) will result in immediate termination of the session. I also understand I will be liable for payment of the entire session should an incident occur. _____

I understand that should I cancel an appointment less than 24 hours before my 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 and cannot be taken as an additional "punch" off of a massage card. If the appointment was booked under a gift certificate, it will be voided in lieu of the fee. If the fee from the "no show" appointment is not paid, future service will be denied until payment is made in full. _____

If you are a "no call/no show" or cancel your appointment more than twice you will be required to pre-pay for your next appointment at the time of scheduling. _____

Massage therapy involves the use of touch, and may at times include the use of lotions or creams. Coming to your massage therapy session with a clean body is imperative for the health and safety of both the client and massage therapist. Personal hygiene is mutually respected on both the part of the client and the massage therapist. Should either part fail to uphold their hygiene responsibilities, service for that session will be postponed. _____

By signing the release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to massage therapy and bodywork. _____

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Information and Suggestions

- Please arrive at least 10 minutes prior to your scheduled appointment time in order to ensure your full session.
- Prior to your massage, please remove all jewelry and pull hair back with a clip or band.
- In general, massage is given while you are unclothed. However, you may choose to wear an undergarment or a swimsuit. You will be covered with a top sheet throughout your session. This is your massage and you should feel as comfortable as possible.
- Feel free to ask your therapist any questions before, during, or after the session. Your therapist is a highly trained professional and will be happy to make you feel informed and comfortable.

I have reviewed the policy statement, and have read and agreed to the policies therein.

Print Client Name: _____

Client Signature: _____ Date: _____

Legal Guardian/ Parent Signature: _____ Date: _____

Therapist Signature: _____ Date: _____

Insurance and Personal Injury Patient Policies

Please read and initial

If you are more than five minutes late for your massage appointment you will be required to pay out of pocket for the missed time. Massage is billed in fifteen minute increments and we are unable to bill for services you do not receive. For example if you schedule a 60 minute appointment and are 15 minutes late you will be required to pay \$17.50 before service can be rendered. _____

If you schedule a 30 minute massage and are more than 15 minutes late you will be required to pay for the appointment and will be required to reschedule for another time. _____

If you cancel your appointment less than 24 hours prior to your scheduled appointment or are a no call / no-show you are subject to a fee equal to the cost of the missed appointment. Payment must be received in full prior to next session. _____

By signing this form you agree to the above policies.

Print Name:

Patients Signature:

_____ Date: _____

Therapist Signature:

_____ Date: _____