MASSAGE CLIENT INTAKE FORM

Please Print Legibly

Name_____ Email _____

Address_____ City/State/Zip_____

Phone: Home _____ Cell _____ Birthday ____/____/_____

Occupation _____ Referred to This Office By _____

In Case of Emergency Please Contact _____ Phone _____

General and Medical Information

Y / N Have you ever had a professional massage? If yes, how often?_____

Y / N Are you pregnant? If yes, how far along are you?_____

Y / N Are you sensitive to touch/pressure in any area? (ticklish) _____

Y / N Are you allergic or sensitive to any oils (essential oils, nut oils, scents)? If yes, please list:

_____

List of medications and reason: _____

_____

_____

List of Surgeries (type and date): _____

_____

_____

Indicate Areas of Pain/Tension:

On a scale of 0-10, 10=highest, rate your level of:

Stress_____ Pain____ Energy____

How did your symptoms begin and when did they start?

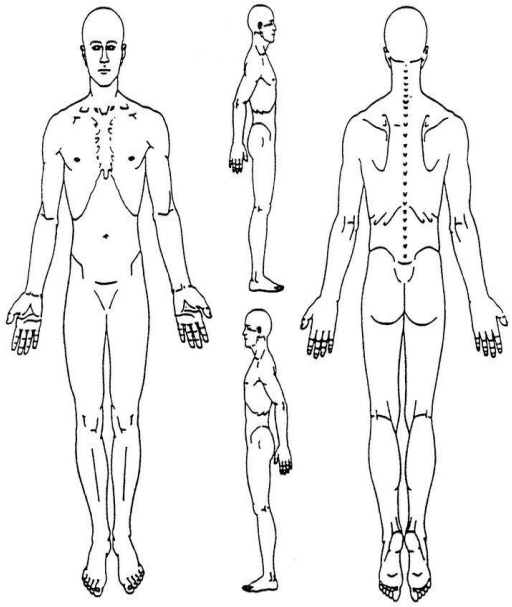
_____

_____

What have you done for relief?_____

Is the condition better/worst? _____

Please check all that apply



- ☐ Skin Conditions: rash, warts, hives, skin cancers, other _____
- ☐ Lymphatic condition: swollen glands, nasal condition, lymph edema, other _____
- ☐ Joint problems/ stiffness: arthritis, sacroiliac problems, TMJ, other _____
- ☐ Bone conditions: osteoporosis, fracture, other _____
- ☐ Recent injury or accident: whiplash, falls, sprains, bruises, other _____
- ☐ Circulatory condition: high blood pressure, varicose veins, blood clots, other _____
- ☐ Numbness/tingling, Sciatica, other _____
- ☐ Diabetes
- ☐ Tendonitis, Bursitis
- ☐ Headaches
- ☐ Other _____

MASSAGE CLIENT WAVER FORM

Massage Client Waiver Form

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

If I experience any 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 my 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.

_____

I understand that touching of the gluteals/breasts/abdomen may be performed for therapeutic purposes only with my consent. If such treatment is necessary, my therapist will explain why it is needed before treatment of these areas each time I receive massage. I understand that I do not have to agree to be touched in these areas to receive massage. If I give consent for this work, I may change my mind and ask my therapist to stop or avoid these areas at any time during the massage.

_____ I DO GIVE consent to touch gluteals / breasts / abdomen for today's session.

_____ I DO NOT GIVE consent to touch gluteals / breasts / abdomen for today's session.

By signing this release, I 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 and appointments 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. 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, a massage is given while you are unclothed. However, you may choose to wear undergarments 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 highly trained professional and will be happy to make you feel informed and comfortable.

I have received the policy statement and have read and agree to the policies therein.

Client name:_____ Date:_____

Client Signature:_____

Therapist Signature:_____ Date:_____