



MESSAGE INTAKE FORM

Name _____ Phone _____ Mobile _____

Address _____ City/State/Zip _____

Email _____ Occupation _____

Date of Birth _____ Referred by _____

Emergency Contact _____ Phone _____

The following information will be used to help your therapist plan a safe and effective massage session. Please answer the questions to the best of your knowledge.

Have you had a professional massage before? Yes No If yes, how often _____

Do you have any allergies to oils, lotions, ointments, fruits or nuts? Yes No If yes, please explain _____

What type of pressure do you prefer? LIGHT MODERATE FIRM DEEP TISSUE

Are you wearing: contacts a hearing aid prosthetics? Do you have a Pacemaker? YES NO

Is there a specific area of the body where you are experiencing tension, stiffness, pain or discomfort?
 Yes No If yes, please identify _____

Do you have any specific goals in for this session? Yes No If yes, please explain _____

Are you comfortable with work on the following areas?

Gluteals yes no **Pectorals** yes no

Abdomen yes no **Scalp** yes no

Feet yes no **Face** yes no

AREAS TO AVOID: **AREAS TO CONCENTRATE:**

Circle any specific areas you would like the massage therapist to concentrate on during the session:

Medical History

Do you currently or have you ever had any of the following: (please check)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> phlebitis | <input type="checkbox"/> osteoporosis | <input type="checkbox"/> heart condition | <input type="checkbox"/> atherosclerosis |
| <input type="checkbox"/> tennis elbow | <input type="checkbox"/> sprains/strains | <input type="checkbox"/> digestive disorder | <input type="checkbox"/> carpal tunnel syndrome |
| <input type="checkbox"/> DVT/blood clots | <input type="checkbox"/> epilepsy | <input type="checkbox"/> high blood pressure | <input type="checkbox"/> easy bruising |
| <input type="checkbox"/> recent fracture | <input type="checkbox"/> current fever | <input type="checkbox"/> low blood pressure | <input type="checkbox"/> contagious skin disease |
| <input type="checkbox"/> joint disorder | <input type="checkbox"/> headaches/migraines | <input type="checkbox"/> back/neck problems | <input type="checkbox"/> recent accident or injury |
| <input type="checkbox"/> recent surgery | <input type="checkbox"/> swollen glands | <input type="checkbox"/> circulatory disorder | <input type="checkbox"/> open sores or wounds |
| <input type="checkbox"/> rheumatoid arthritis | <input type="checkbox"/> cancer/tumors | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> asthma |
| <input type="checkbox"/> osteoarthritis <input type="checkbox"/> tendonitis | <input type="checkbox"/> allergies/sensitivity | <input type="checkbox"/> varicose veins | <input type="checkbox"/> Pregnant? How many months along? _____ |
| <input type="checkbox"/> artificial joint | <input type="checkbox"/> diabetes | <input type="checkbox"/> TMJ | |

Medical History (continued)

Are you currently under medical supervision? Yes No

Please list any medications you are taking:

Do you see a chiropractor? Yes No If yes, how often _____

Do you see an acupuncturist? Yes No

Is there anything else about your health history that you think would be useful for your massage therapist to know to plan a safe and effective massage session for you? _____

Consent for Treatment

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. Understanding all of this, I give my consent to receive care.

Signed: _____ Date: _____

Financial Policies

Cancellation Policy

We understand that unanticipated events happen occasionally in everyone's life and are happy to honor your business as follows. If there are any health issues present at the time of your scheduled massage or class session that might make massage a bad idea, including fever/cold/flu/sickness, please contact us BEFORE attending the class or arriving for your massage. If you are pregnant at the time of your class session or massage appointment, please contact us BEFORE attending the class or arriving for your massage.

24 Hour Cancellation

24-hour advance notice is required when cancelling a massage appointment. This allows the opportunity for someone else to schedule an appointment. Since all massage services are by appointment only, a major credit card may be required to hold your appointment. You will not be charged until massage services are rendered, unless you fail to cancel within 24 hours and/or no-show (see below) your appointment! If you are unable to give us 24 hours advance notice you will be charged or billed for the full amount of your appointment.

No-shows

Anyone who fails to show up for a scheduled massage or class appointment and does not provide 24 hours cancellation notice, will be considered a "no-show" and will be charged the full amount for the missed appointment.

Late Arrivals

Out of respect and consideration to your therapist and other customers, please plan accordingly and be on time. If you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, your therapist will determine if there is enough time remaining to start a treatment. Regardless of the length of the treatment actually given, you will be responsible for the "full" session. Your therapist may run behind occasionally but you will always receive your full session as time between clients allows for adequate time for dressing and administrative processes provided by the therapist.

Signed : _____ Date: _____