Client Intake Form

Personal Information:

Name: _____ Phone (cell): _____ Phone (home): _____

Address: _____ Apt#: _____

City/State/Zip: _____

Email: _____ Date of Birth: _____ Occupation: _____

Emergency Contact: _____ Phone (cell): _____

General Information:

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

Y N Have you ever had a professional massage before? If yes, when: _____

Y N Have you ever had surgery? If yes, please explain: _____

Y N Have you ever had a serious accident? (Motor vehicle, Fall, etc)

If yes, please explain: _____

Y N Do you have tension or soreness in a specific area? _____

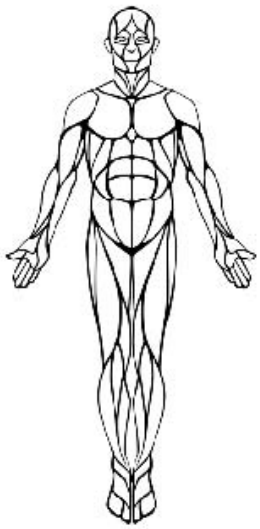
What activities/positions/movements make this worse? _____

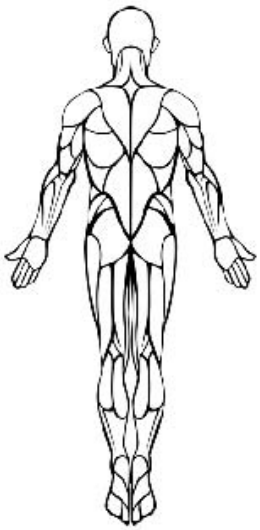
Y N Are there any areas of the body that you do not want to be worked on?

If yes, please list: _____

Y N What are your goals for the session(s)? _____

On the pictures below, please shade the areas that you would like the therapist to focus on.





Initial: _____

Client Intake Form

Medical History:

In order to plan a massage session that is safe and effective, I need some information about your medical history.

Please check any condition listed below that applies to you:

( ) Open sores or wounds	( ) Blood clots (DVT)	( ) Varicose veins
( ) Diabetes	( ) Medication(s)	( ) Allergies
( ) Artificial joint(s)	( ) Headaches	( ) Neck problems
( ) Backaches	( ) Pregnant	( ) High Blood Pressure
( ) Fibromyalgia	( ) Joint disorder/ tendonitis	( ) Rheumatoid arthritis/osteoarthritis

Please explain any condition(s) you have marked above:

_____

_____

Provisions of the massage

During your massage, the Therapist may use Swedish, deep tissue, cross fiber, trigger point, MFR, and other approved techniques to facilitate the massage. The Therapist will massage the necessary body parts to facilitate the massage excluding any contraindicated areas. The Therapist will not work the breast area without written consent by the client. Proper draping will be used throughout the massage. If at any time the client is uncomfortable with the massage, the Therapist will discontinue the massage. I have read and understand the questions about the statements regarding the provisions of the massage

Client signature: _____ **Date:** _____

Client Waiver

Massage therapy is not a substitute for medical examination and diagnosis. It is recommended that I see a physician for any physical aliment that I may have. I understand that the Therapist does not diagnose illness, disease or any other physical or mental disorder. Likewise, the therapist does not prescribe medical treatment or pharmaceuticals, nor does the Therapist perform spinal adjustments. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all of my known medical conditions, will inform the Therapist of changes in my health status, and understand that there shall be no liability on the practitioners part should I fail to do so. I have read and understand the questions about the statements regarding the client waiver

Client signature: _____ **Date:** _____

Additional information

Therapeutic massage may cause discomfort for 1 to 3 days following treatment. I understand that this is a normal phase of the healing process & is a reflection of my body healing. I further understand that drinking water will facilitate the healing process & that drinking water is in my best interest. I also understand that emotions may be stored in my tissues & release of the restrictions may also cause a release of emotions. Too is a normal phase of the healing process and is a reflection of my body healing. I have read and understand the questions about the statements regarding to the discomfort following the treatment

Client signature: _____ **Date:** _____

Therapist signature: _____ **Date:** _____

Initial:_____