

Massage Client Intake Form

PLEASE PRINT LEGIBLY

Name _____ Email _____
Phone: Home _____ Cell _____ Birthday ___/___/___
Occupation _____ Referred to This Office By _____
Address (July 2024 FL law now requires intake forms to provide address, your information will not be used for promotions) _____
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? Dislike? _____

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

List of current medications and reason: _____

List chronic conditions/ surgeries (type and date): _____

Indicate Areas of Pain/Tension:

On a scale from 1-10, 10=highest, 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? _____

Please check/ indicate other/ all that apply:

* Skin conditions- rash, warts, hives, skin cancer _____

* Lymphatic conditions-swollen gland, nasal congestion, edema _____

* Joint problems/stiffness- arthritis, sacroiliac problems, TMJ _____

* Bone conditions- osteoporosis, fracture _____

* Headaches _____ Sinus Issues _____

* Recent injury or accident- whiplash, sprain, bruise _____

* Circulatory conditions-high blood pressure, varicose veins, blood clots _____

* Numbness/Tingling, Sciatica _____

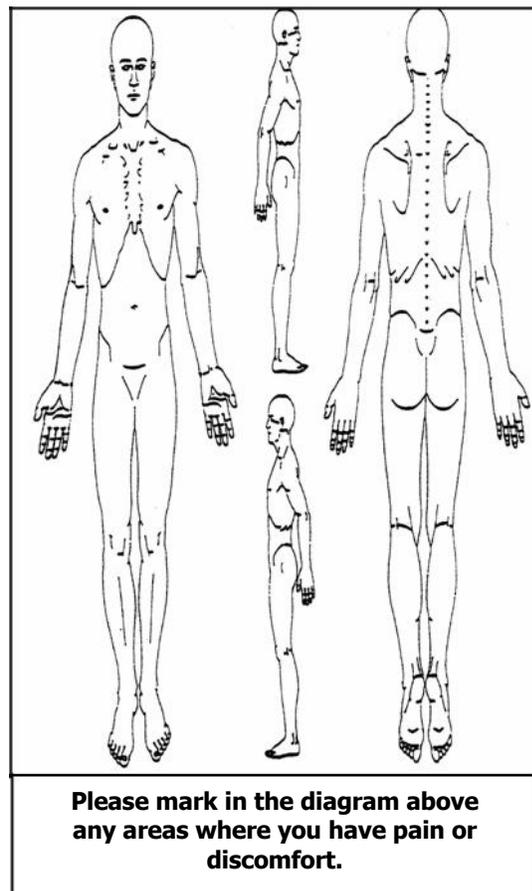
* Tendonitis, Bursitis _____

* Diabetes _____

TURN OVER

RIGHT/ LEFT

LEFT/ RIGHT



Massage Client Waiver Form

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

If I experience 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 the 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. This intake form is confidential and information will not be shared without my written permission.

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.

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

I understand that should I cancel an appointment less than 48 hours before the scheduled time or "no show" an appointment, I am subject to a fee equal to the cost of the missed appointment. 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 (your preference) and all jewelry. Pull long hair back with a clip or band.
- In general, 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 (men have option of waist towel). 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.

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

Client Name: _____

Client Signature: _____ Date: _____

Therapy Notes Only: