



Massage Client Intake Form
PLEASE PRINT LEGIBLY (if not online)

Name _____ Birthday ___/___/___
 Email _____
 Address _____
 City/State/Zip _____
 Phone: CELL _____ Home _____ Other _____
 Occupation _____
 Referred to This Office By _____
 In Case of Emergency Contact _____ Phone _____

General and Medical Information

Have you ever had a professional massage? _____ If yes, how often? _____
 Are you pregnant? If yes, how far along are you? _____
 Are you sensitive to touch/pressure in any area? (ticklish?) _____
 Are you allergic or sensitive to any oils (essential oils, nut oils, scents)? If yes, please list: _____

List of current medications and reason: _____

List of surgeries (type and date): _____

Indicate Areas of Pain/Tension:

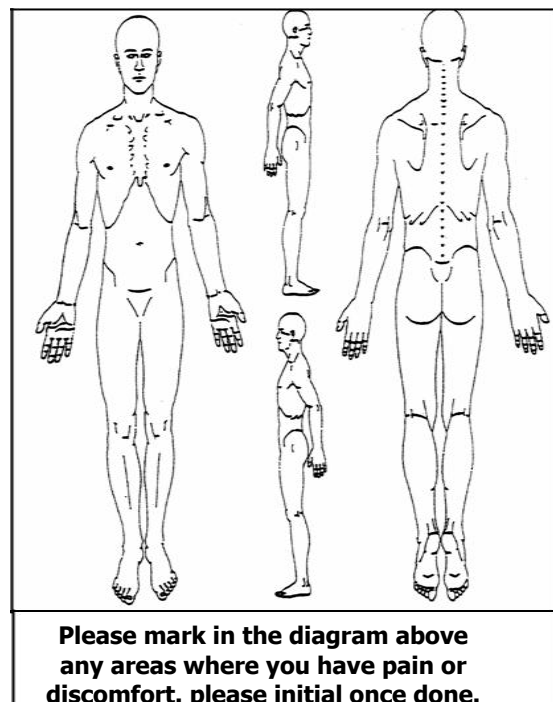
On a scale from 1-10, 10=highest, rate your levels of:
 Stress ____ Pain ____ Energy ____
 How did your symptoms begin and when did they start?

What have you done for relief? _____

Is the condition getting better/worse? _____

Please note all that apply: write N/A if none

- Skin condition-rash, warts, hives, skin cancer, other _____
- Lymphatic condition-swollen gland, nasal congestion, lymph edema
- Joint problems/stiffness-arthritis, sacroiliac problems, TMJ, other _____
- Bone Condition-osteoporosis, fracture, other _____
- Headaches, Migraines, other _____
- Recent injury or accident-whiplash, sprain, bruise, other _____ date: _____
- Circulatory Condition-high blood pressure, varicose veins, blood clots Numbness/Tingling, Sciatica
- Tendonitis, Bursitis, Diabetes



Please mark in the diagram above any areas where you have pain or discomfort. please initial once done.

Massage Client Intake Form WAIVER SIDE
Massage Client Waiver Form INITIAL EACH SECTION

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 do Chiropractic adjustments, (sidenote the therapies used can lead to structural intergation adjustments), diagnose, prescribe, or treat physical or mental illness.

I affirm that I have notified my therapist of all known medical conditions and injuries even if not listed on the first sheet.

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.

By signing this release, I hereby 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 an appointment 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 & can't be taken as an additional "punch" off a massage package card. If the appointment was booked under a gift certificate, it will be voided in lieu of the fee. Please see cancellation policy at check out when booking online as well.

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, 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.
- **Please also see the FAQ section on the website for all other helpful information.**

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

Client name: _____

Client signature: _____

Date: _____

Therapist signature: _____