

Massage Intake Form

Personal Information

Name _____ Phone (day) _____ (evening) _____

Address _____ City/State/Zip _____ DOB _____

Occupation _____ Employer _____

Email _____ Primary Physician _____

Emergency Contact _____ Relationship _____ Phone _____

How did you hear about us? _____

Medical Information

Are you taking any medications? yes no

If yes, please list name and use: _____

Are you currently pregnant? yes no

If yes, how far along? _____

Any high risk factors? _____

Do you suffer from chronic pain? yes no

If yes, please explain _____

What makes it better? _____

What makes it worse? _____

Have you had any orthopedic injuries? yes no

If yes, please list: _____

Please indicate any of the following that apply to you.

- | | |
|--|---|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart Attack |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Dysfunction |
| <input type="checkbox"/> Joint Replacement(s) | <input type="checkbox"/> Blood Clots |
| <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Numbness |
| <input type="checkbox"/> Neuropathy | <input type="checkbox"/> Sprains or Strains |

Explain any conditions you have marked above:

Massage Information

Have you had a professional massage before? yes no

What type of massage are you seeking?

- Relaxation Therapeutic/Deep Tissue

Other _____

What pressure do you prefer?

- Light Medium Deep

Do you have any allergies or sensitivities? yes no

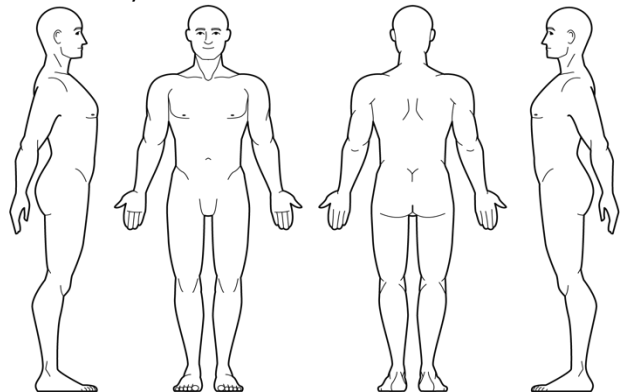
Please explain _____

Are there any areas (feet, face, abdomen, etc.) you do not want massaged? yes no

Please explain _____

What are your goals for this treatment session?

Please circle any areas of discomfort



*By signing below, you agree to the following.
I have completed this form to the best of my ability and knowledge
and agree to inform my therapist if any of the above information
changes at any time.*

Client Signature _____ Date _____

Therapist Signature _____ Date _____

INTENDED HEALTH BENEFITS: MESSAGE THERAPY SERVICES

Your Name: _____

List the specific health benefits you intend to achieve through massage therapy:

Now describe the level of health you'd like to be experiencing one year from today:

Are there any mental/emotional changes you need to make to achieve that goal?

Signature _____

Date _____



Policy Notification

We appreciate that you have chosen us for your massage and bodywork needs. To provide the best service possible to our clients, we have implemented the following policies.

Cancellation Policy

We respectfully ask that you provide us with a 24-hour notice of any schedule changes or cancellation requests. Please understand that when you cancel or miss your appointment without providing a 24-hour notice, we are often unable to fill that appointment time. This means that our other clients miss the chance to receive services they need. For this reason, you will be charged 100% of the service fee for the missed appointment or if you have a massage package, your session will be forfeited. We also reserve the right to require a credit card number to be given to book future appointments so that appropriate fees may be charged if a late cancellation does occur. We understand that emergencies can arise and illnesses do occur. If you have a fever, a known infection, or have experienced vomiting or diarrhea within 24-hours prior to your appointment time, we request that you reschedule your appointment. Inclement weather may also result in the need for late cancellation. We will do our best to give advanced notice if we are closing or need to cancel due to bad weather and we ask that you do the same. Please do not risk your own safety trying to make your appointment. Late cancellation due to emergency, illness, or inclement weather will generally not result in any missed session charges, but this is determined on a case-by-case basis. All sales are final.

Late Arrival Policy

We request that you arrive 5-10 minutes prior to your appointment time to fill out any required paperwork as well as answer any intake questions your therapist may have. We understand that issues can arise that may cause you to be late for your appointment. However, we ask that you call/text to inform us if this ever occurs so we can do our best to accommodate you. Appointment times are reserved for each client, so oftentimes, we cannot exceed that reserved time without making the next client late. For this reason, arriving after your appointment time may result in loss of time from your session so that your session ends at the scheduled time. Full service fees will be charged even when sessions are shortened due to the late arrival. In return, we will do our best to be on time, and if we are unable to do so, we will add time to your session to make up for our late arrival or adjust the service charge accordingly.

Inappropriate Behavior Policy

Massage Therapy and Bodywork is for relaxation and therapeutic purposes only. There is absolutely no sexual component to massage and bodywork whatsoever. Any insinuation, joke, gesture, conversation, or request otherwise will result in immediate termination of your session and a refusal of any and all services in the future. You will be charged the full-service fee regardless of the length of your session. Depending on the behavior exhibited, we may also file a report with the local authorities, if necessary. Treat your therapist with respect and dignity and you will be treated the same in return.

I, the undersigned person, do agree and understand that the Massage Therapist is and only claims to be a Massage Therapist and provides the services of massage therapy only. I understand and agree that the Massage Therapist does not diagnose, prescribe or claim to treat any condition or ailment. I have informed the Therapist that I am free of any medical conditions such as blood clots, cancer, tumors, recent injuries or surgeries, phlebitis, spinal injury, or any other significant medical condition. I also agree not to hold the Massage Therapist liable for any adverse reaction I may experience from this massage.

By signing below, you agree to abide by these policies.

Client Signature

Date