



# Massage Intake Form

- **Today's date** \_\_\_\_\_
- **First name** \_\_\_\_\_
- **Last name** \_\_\_\_\_
- **Preferred name** \_\_\_\_\_
- **Date of birth** \_\_\_\_\_
- **How did you hear about me?** \_\_\_\_\_

If you were referred by someone, may I thank them for letting you know about me?  Yes  No

- **Mailing address:**

Street or PO Box \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

- **Phone number:** \_\_\_\_\_

May I text you at this number?  Yes  No

May I leave messages at this number?  Yes  No

- **Email address:** \_\_\_\_\_

Would you like to receive email updates from me (separately from communication about appointments, etc. )?  Yes  No

Yes  No

If I were to start a waitlist for short-notice availability, would you like to be included?  Yes  No

- **How would you like to receive communication about your appointments— confirmations, reminders, receipts, waitlist, etc.?**

Email ONLY  Text ONLY  Email AND Text  Phone Calls ONLY

- **Emergency Contact** (this would be someone who would reasonably be available to assist if something were to happen at the time that you would be here for your session; they would need to be reachable at short notice, and you should be comfortable with them knowing that you were here for a massage):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

- **How comfortable are you (really) with being touched?**

\_\_\_\_\_

- **Have you ever had professional massages before?**  Yes  No

If yes, what were they for? Examples include pain relief, relaxation, stress relief, pre and postnatal, manual lymph drainage, etc. What was your overall experience with them?

\_\_\_\_\_

\_\_\_\_\_

- **What are your goals for seeking massage now?** Examples include -- but are not limited to -- reducing emotional stress, physical tension, and pain; general wellness and relaxation; maintenance of mild lymphedema or lymphedema risk; soothing symptoms of pregnancy, cancer, PTSD, anxiety, or other conditions and their treatments; improve rate of recovery from surgery, etc..

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● **What specific areas do you want to include in your sessions?** Your permission to include or avoid any or all areas is completely up to you, and may be changed or withdrawn at any time, even during a session. Please also note that the areas of focus for any given session may be limited according to the amount of time that we have, as well as the most pressing needs that you have. Please check EVERYTHING that you want addressed "at some point", and inform me at the beginning of each session the MOST important things to address during that session. Sometimes it takes a few sessions to get it all addressed.

Face  Head/scalp  Neck  Shoulders

Upper Back (around and between the shoulderblades)

Mid-Back (from below the shoulder blades to the waist area)

Low Back (waist down to the top of the hips)  Hips  Glutes (buttocks)  Legs  Feet

Pectorals (upper chest muscles)

Stomach/abdomen  Arms  Hands

All of the above, excluding breast area unless specifically indicated below

Breast area (condition-specific; a separate release will be required for each session involving this area)

Is there anything specific that I should know about any of these selected areas?

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● **Are there any areas of your body that you tend to protect?** Meaning, you want them included in the session, but you need me to address them a certain way.

No  Yes  I'm not sure; let's talk about what that means

If you selected 'yes' or 'I'm not sure' to the question above, please explain where, and how I can help you feel secure and comfortable.

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● **Specific areas you want to AVOID in ALL of your massages with me** -- areas that we will **never** include? Your permission to include or avoid any or all areas is completely up to you, and may be changed or withdrawn at any time, even during a session. If you select any areas to avoid here and later decide that you want to include them, I will need to obtain written consent for that.

Face  Head/scalp  Neck  Shoulders

Upper Back (around and between the shoulderblades)

- Mid-Back (from below the shoulder blades to the waist area)
- Low Back (waist down to the top of the hips)
- Hips    Glutes (buttocks)    Legs    Feet    Pectorals (upper chest muscles)
- Stomach/abdomen    Arms    Hands    None of the above; don't exclude anything!

● **Positioning requirements: Do you have problems lying:**

- On your stomach?    On your back?    On your right side?    On your left side?
- Do you need to be propped up?    Do you have any other positioning accommodations?

If you require positioning accommodations, please instruct me here:

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● **Do you have any medical devices installed?**  Yes    No

If you do have medical devices installed, please give me details of what, where, and anything else I need to know below:

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● **Symptoms checklist:** are you experiencing any of the following? Check all that apply:

- Stress    Anxiety/Depression    PTSD/C-PTSD
- Chronic pain (pain that you've had for a long time)
- Acute pain (something happened recently that causes pain)
- Headaches    Memory loss (including dementia or Alzheimer's)
- Fatigue    Neuropathy (tingling, numbness, loss of sensation)    Nausea
- Muscle tightness or stiffness    Easy bruising    Brain fog    Fever    Current Infection
- Swelling/puffiness    Fragile skin (skin tears easily)    Sensitive skin    Dizziness
- Osteoporosis or fragile bones    Areas that are tender or sensitive to touch
- Loss of mobility    None of the above    Other

Please tell me about anything you checked above: what's going on, where is it, do you know what's causing it, how long has it been going on, etc.?:

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How do the symptoms you told me about above affect your everyday life? Do they keep you from being as active as you'd like, has your doctor put you on any restrictions, etc.?

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● **Past and current medical conditions:** In the next questions, I ask you to inform me of ALL medical conditions that you have experienced or are experiencing, whether they have affected you in the past or are doing so now. I need this information in order to design a safe as well as effective massage for you. Please be as thorough as possible. If you have any questions as to whether I might need to know about a particular condition, it is generally better to include it than to leave it out. I know that I have not included every possible condition in this form, nor CAN I. I promise that I will keep your medical information safe and private, and will only use it to design your sessions or to determine if I am not equipped to serve your particular needs, in which case I will do my best to try to help you find someone who is, if you desire. I will only discuss your medical history as it pertains to your massage sessions, and only with those with whom you give me written permission to do so, such as your doctor, counselor, or other health care professional; a friend or family member you ask me to -- again, with written permission; or as required by law. Please feel free to contact me if you have any questions about the information that I request or what I do with it.

● **Are you now experiencing, or have you ever experienced any of the following?** Check ALL that apply:

- Skin Conditions (warts, eczema, psoriasis, acne, sunburn, rash, etc.)
- Liver disease (hepatitis, cirrhosis, etc)    Kidney disease    Heart disease    Lung disease
- Cardiovascular issues (angina, stroke, etc)    Varicose veins    High blood pressure
- CURRENT Deep vein thrombosis (DVT)    History of blood clots
- Diabetes    Thyroid issues (hyper or hypo)    Burn injury
- Bone or joint problems (osteoporosis, arthritis, bone metastasis, etc.)
- Digestive problems (colitis, diverticulitis, Crohn's, IBS, constipation, diarrhea, etc.)
- Autoimmune conditions or Chronic illness (lupus, RA, fibromyalgia, chronic fatigue, etc.)
- Past cancer (you have completed treatment and been declared in remission or cancer-free)
- Current or recent cancer (you are awaiting diagnosis, are currently in treatment, or have completed treatments and are awaiting determination of being cancer-free)
- Lymphedema or risk or history of lymphedema (where?)
- Movement disorder (Parkinson's, Huntington's, etc.)    Injuries, either recent or in the past
- None of the above    Other

'Other' medical conditions not listed above:

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How do the conditions you told me about above affect your everyday life?

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● **Have you had any surgeries, either recently or in the past?** Please list them what they were for, when they were done, and any long-term effects or complications. Please include any lymph nodes affected and areas of radiation treatment. If no surgeries, please enter 'None'.

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● **Are you taking any medications or supplements, vitamins, etc.?**  Yes  No

Please list all medications and supplements, what you are taking them for, and any side effects you are experiencing from them:

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● **Please describe your typical activity levels.** What do you do in the course of a day-- work, hobbies, exercise, other activities? Are you able to participate in all the things you want or need to do?

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Has your doctor or another health care provider placed any restrictions on your activities, or have you been encouraged to do anything in particular? Please list below:

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● **Is there ANYTHING else that comes to mind that I haven't already asked, that you think I should know about you as it pertains to receiving a massage or MLD session?**

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● **Are you currently pregnant, or is pregnancy a possibility?**  Yes  No  Maybe

If "Yes", is this a high risk pregnancy: multiples, medical conditions, fertility treatments to conceive, etc.?

Yes  No  Maybe

If you selected 'yes' or 'maybe' above, please tell me what's going on:

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If you are pregnant, what is your due date? \_\_\_\_\_

• **Do you have any allergies or sensitivities to any food or plant ingredient that could be in my lotion or massage space?** See the section below regarding essential oils and other scents. Upon request, I am happy to provide you with the ingredient lists of the products that I use.  Yes  No

Please tell me about any allergies or sensitivities:

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Are you allergic to cats or dogs? I live with one of each, and while I do my absolute best, I cannot guarantee that I will be completely animal dander-free when I come to work on any given day. If you are HIGHLY allergic, it may be best to find you another therapist who does not share their home with animals. I would be happy to assist in this if you need me to.

Allergic to cats  Allergic to dogs  No cat or dog allergies

Allergic to cats and/or dogs, but am generally okay as long as you're careful.

• **About Renée C. Houston LMT's relationship with essential oils and aromatherapy:** In addition to some of my clients, I myself am sensitive to many scents, including some essential oils. Therefore, I do my best to keep Reconnect DFW a scent-free environment. I cannot control whatever "air fresheners" are used in other areas of my building. I do not use essential oils or aromatherapy in my services, ever. For the same reason, I also ask that my clients do their best to arrive at their appointments as scent-free as possible. Even natural scents and certain essential oils can leave me with a massive migraine, as do many perfumes, colognes and cigarette smoke-- this one is a huge migraine trigger for me. I appreciate you waiting until after you've left my office to apply your favorite scents, so that I may be free to continue my day serving other clients migraine-free. **Please initial below to indicate that you understand this small, but significant, request, and that you will do your best to comply:**

→ \_\_\_\_\_ I understand and will do my best to not arrive to my appointments with cologne, perfume, cigarette smoke, or other scents on me.

• **Breast massage statement:** Per Texas state regulations, I must include the following statement: "I shall drape the breasts of all female clients and not engage in breast massage unless the client gives written consent before each session involving breast massage." That said, it is my policy that I shall drape the breasts or chest area of ALL clients, and shall not engage in massage or MLD of the breasts or chest area of ANY client unless specifically requested and consent is obtained prior to each session in which it is to be included. **Please initial below to indicate your understanding of this statement.:**

→ \_\_\_\_\_ I understand that no breast massage will be performed without my written consent prior to each session in which it is to be included.

• **Draping statement:** Per Texas state regulations, I must include the following statement: "Draping of the genital area and gluteal cleavage will be used at all times during the session for all clients." That said, here is my policy: Unless a client chooses to remain clothed, all clients will be modestly draped throughout each session. Only the area to be worked on will be undraped at any time, to be re-draped prior to moving on to the

next area. If you are particularly hot-natured, please discuss this with me PRIOR to your first appointment so that I can make note of it and ensure that I have a lighter drape available for your sessions. **Please initial below to indicate your understanding of this statement:**

→ \_\_\_ I understand that I will either remain clothed or draped throughout my sessions.

• **Statement of client's right to end the session:** Per Texas state regulations, I must include the following: "If you are uncomfortable for any reason, you may ask me to end the session and I will do so immediately." That said, I ask that you inform me of ANY discomfort you are experiencing, be it physical, emotional, or otherwise. I will do my best to ensure your safety and comfort at all times, adjusting positioning, bolstering, pressure, area of focus, or stopping the massage altogether at your request. **Please initial below to indicate your understanding of this statement:**

→ \_\_\_ I understand that I have the right to have you end the session if I am uncomfortable.

• **"Zero tolerance" statement:** In the same vein, I as the therapist have the right to stop the massage if I feel uncomfortable with the progression of the session. I have a zero tolerance policy for inappropriate behavior, including but not limited to: inappropriate or blatantly sexual comments or actions, solicitation of sexual services, requests to massage the genitalia, if I feel that my safety is in danger, and/or overall inappropriateness, sexual or not. If I determine that I need to end a session for any of these or other reasons, I will inform you that "this session is over," the full session fee shall be required regardless of how long the session lasted, and you will not be allowed to book with me in the future. As a reminder, it is illegal in the state of Texas to solicit a licensed massage therapist for sexual services. **Please initial below to indicate your understanding of this statement:**

→ \_\_\_ I understand that my session will be stopped and I will have to pay the full price for the session if I engage in inappropriate behavior.

• **CONSENT FOR TREATMENT:** Please check the boxes below to indicate your understanding of the following statements and your consent to receive massage from Renée C. Houston LMT of Reconnect DFW:

→  I understand that massage is provided as a means of comfort and relaxation only and is not intended to diagnose or cure any disease or condition, and that the licensed massage therapist is not able to provide me with medical advice or mental health advice (counseling).

→  I have listed all medical conditions, medications, treatments I am receiving, and other considerations to the best of my ability. I understand that my medical and personal information will be kept confidential. I will inform Renée C. Houston LMT if my medical condition, medications, treatment plan, or reasons for seeking massage change.

→  I agree that I will inform Renée C. Houston LMT if at any time I feel uncomfortable or that my well-being is compromised.

→  I have read, understand, and consent to all statements and policies herein listed, as indicated by my checking the boxes next to them. I acknowledge that typing my name below is the same as placing my signature on a paper form.

**Client's Signature:** \_\_\_\_\_  
(parent, guardian, or POA if applicable)

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

Client Name: \_\_\_\_\_ First Session Date: \_\_\_\_\_

Client's reason for seeking massage:  
\_\_\_\_\_  
\_\_\_\_\_

Service(s)/Modality(-ies) to be used:

Relaxation/stress relief ("Restorative")  Oncology Massage

Other Complex Medical Condition \_\_\_\_\_

Trauma-informed Massage  Trauma Touch Therapy

Manual Lymph Drainage  Prenatal Massage  Burn Injury

Other: \_\_\_\_\_

Parts of the body to be FOCUSED ON ( ✓ ) and those to be AVOIDED ( X ), per client's request ( R ) and/or contraindications ( C ):  
\_\_\_\_\_  
\_\_\_\_\_

Therapist's signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Renée C. Houston LMT)