



Massage Intake Form

First name _____ Last name _____

Preferred name _____ Date of birth _____

How did you hear about me? _____

Mailing address: _____

Phone number: _____ OK to text? Yes No OK to leave messages? Yes No

Email address: _____ Add to email list? Yes No Add to waitlist? Yes No

Emergency Contact Name: _____ Phone: _____

Have you ever had professional massages before? Yes No

If yes, what kind/what were they for? Examples include pain relief, relaxation, stress relief, pre/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/or 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..

Are there any specific areas you want to focus on? Why?

Are there any specific areas you want to avoid? Why?

Do you require any positioning accommodations? Yes No

Do you have any medical devices installed? Yes No

Health Conditions Checklist: are you experiencing any of the following? Check ALL that apply (please read everything on each row):

- Stress** **Anxiety/Depression** **PTSD/C-PTSD** **Headaches** **Fatigue** **Nausea**
- Chronic pain** (pain that you've had for a long time) **Acute pain** (pain that started recently)
- Fever** **New (current) bruises** **Bruise easily** **Sensitive skin** **Dizziness**
- Memory loss** (including dementia or Alzheimer's) **Neuropathy** (tingling, numbness, loss of sensation)
- Muscle tightness or stiffness** **Brain fog** **New or persistent cough** **Swelling/puffiness**
- Fragile skin** (skin tears easily) **Osteoporosis or fragile bones** **Loss of mobility**
- CURRENT Skin Conditions** (warts, eczema, psoriasis, acne, rash, etc.)
- CHRONIC Skin Conditions** (warts, eczema, psoriasis, acne, rash, etc. that isn't flared up right now)
- Liver disease** (hepatitis, cirrhosis, etc) **Kidney disease** **Heart disease** **Lung disease**
- Cardiovascular issues** (angina, stroke, etc, past or recent) **Varicose veins** **High blood pressure**
- CURRENT Deep vein thrombosis (DVT)** **History of blood clots** **Diabetes**
- Thyroid issues** (hyper or hypo) **Burn injury** **Areas that are tender or sensitive to touch**
- 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 history of lymphedema** (where?)
- Movement disorder** (Parkinson's, Huntington's, etc.) **Injuries**, either recent or in the past
- Special Needs**
- None of the above**
- Other/use this space to elaborate on anything above:**

Have you had any surgeries, either recently or in the past? Yes No

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

Please list all medications and supplements:

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?

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

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:

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

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 prior to providing 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.**

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. Loose clothing may be recommended 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 MASSAGE: 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 if my 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:** _____

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 Oncology/Medical Massage Trauma-informed Massage TTT
 MLD 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)