MASSAGE CLIENT INTAKE

PERSONAL DATA

Name: ____ Date of Birth: ________________________
Mailing Address: _______________________________________ Home Phone: _______________________
City, State, ZIP: _______________________________________ Cell Phone: _________________________
Occupation: ____ Work Phone: ________________________
Referred by: ____

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HEALTH DATA

Primary Physician: _____________________________________ Phone: ____________________________
Emergency Contact & Phone: ____
Allergies: ____
Medications (inc. vitamins and any other OTC drugs such as aspirin, ibuprofen etc.):
____
Please list any serious illnesses, injuries, or surgeries and dates:
____
____
Do you have tension or soreness in specific areas?: ____
Has there been any change to your health in the past year?: ___ Yes ___ No
If yes, please explain: ____
Do you have/wear: ☐ dentures ☐ pacemaker ☐ surgical pins, plates, artificial joints

Check all that apply:

- ☐ acne
- ☐ arthritis
- ☐ autoimmune disorder
- ☐ bruise easily
- ☐ cancer
- ☐ carpal tunnel syndrome (wrists)
- ☐ contact lenses
- ☐ depression
- ☐ diabetes
- ☐ epilepsy
- ☐ foot problems: ____________________
- ☐ headaches/migraines
- ☐ heart condition
- ☐ high blood pressure
- ☐ low back pain
- ☐ numbness, tingling or pins & needles sensation
- ☐ phlebitis
- ☐ pregnant
- ☐ rotator cuff injury (shoulder)
- ☐ sciatica (buttock, thigh, lower leg, foot)
- ☐ scoliosis
- ☐ sensitivity to cold, heat, pressure
- ☐ skin diseases: ___________________________________

Any conditions or illnesses not listed above: ____

Informed Consent:

Because massage/bodywork should not be performed under certain medical conditions, I affirm that the above information is accurate to the best of my knowledge, and I freely give my permission to be massaged. I agree to update the massage therapist in regard to changes in my health and understand that there shall be no liability on the therapist's part should I forget to do so. I also understand the massage therapist reserves the right to refuse to perform a massage on anyone he/she deems to have a condition for which massage is contraindicated.

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension and I will immediately inform the therapist of any pain or discomfort I may feel during the session so the pressure and/or strokes may be adjusted to my comfort level. I am aware that I have the right to request or require that any treatment, technique, or procedure be modified, stopped, or simply not performed.

My body will be properly draped at all times for comfort, security, and warmth and I have the right to request or require more draping at any time. The relationship between the client and the massage therapist is a confidential one and all information provided to the therapist is to be kept confidential.

I understand that the massage therapist has the right to be free from any unwanted, harmful, offensive, and/or physical contact, language, or behavior, to include any illicit or sexually suggestive remarks or advances. Therefore, I understand that any of the aforementioned inappropriate conduct made by me will result in immediate termination of the session and I will be liable for full cost of the session scheduled and subject to the law.

Late arrival for an appointment may result in the treatment session being shortened in order to honor the appointment that follows. When the schedule allows, the full treatment session will be performed at the discretion of the massage therapist. In either case, you will be responsible for the full cost of the session scheduled.

____ ________________________
Client's signature Date