

# Massage Client Intake Form

**PLEASE PRINT LEGIBLY**

Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  
Occupation \_\_\_\_\_ Referred to This Office By \_\_\_\_\_  
In Case of Emergency Please Contact \_\_\_\_\_ Phone \_\_\_\_\_

## General and Medical Information

Y N Have you ever had a professional massage? If yes, how often? \_\_\_\_\_  
Y N Are you pregnant? If yes, how far along are you? \_\_\_\_\_  
Y N Are you sensitive to touch/pressure in any area? (ticklish?) \_\_\_\_\_  
Y N 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:

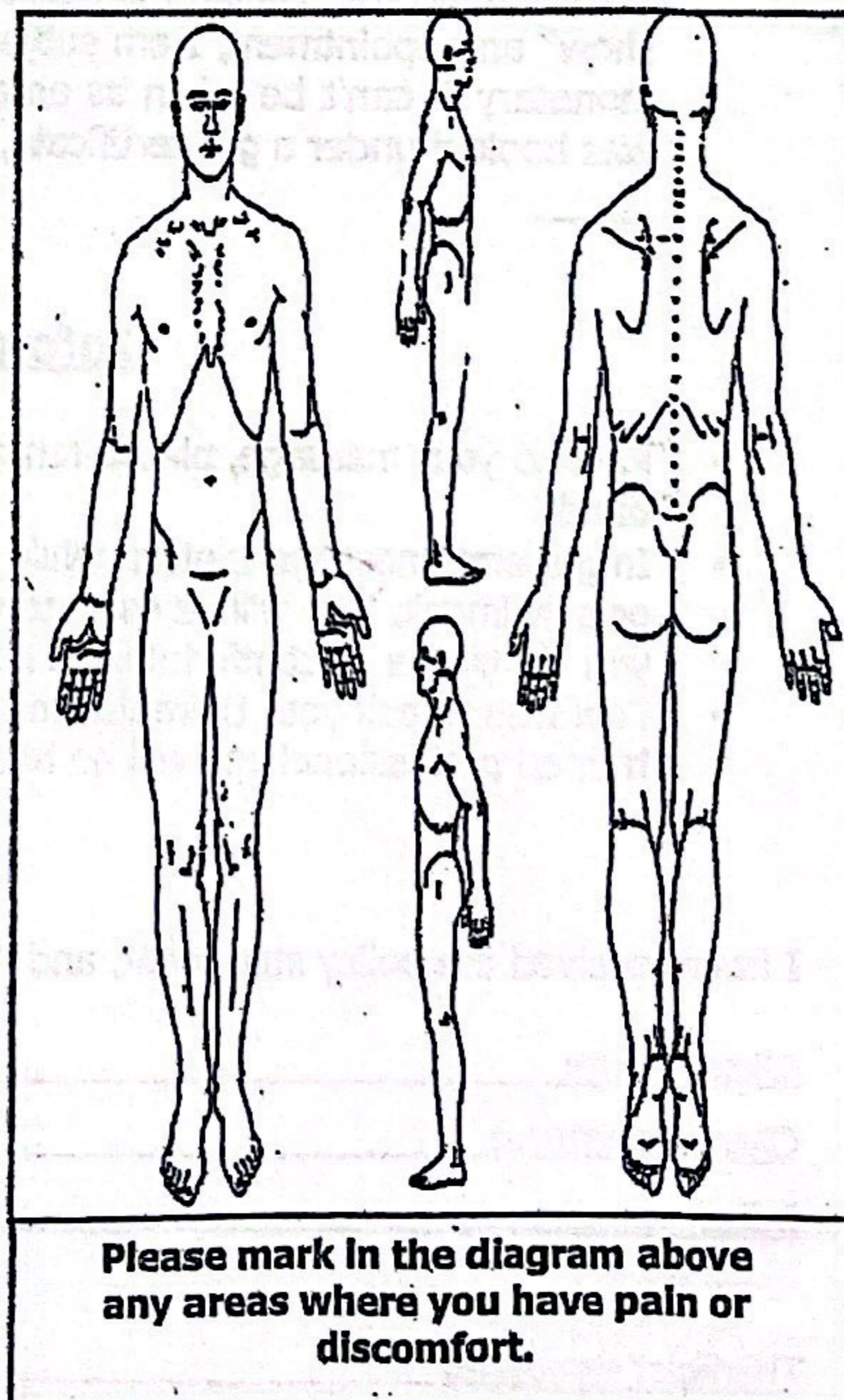
On a scale from 1-10, 10=highest, rate your levels of:  
Stress \_\_\_\_\_ Pain \_\_\_\_\_ Energy \_\_\_\_\_  
How did your symptoms begin and when did they start?

What have you done for relief? \_\_\_\_\_

Is the condition getting better/worse? \_\_\_\_\_

### **Please check all that apply:**

- 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
- Recent injury or accident-whiplash, sprain, bruise, other \_\_\_\_\_
- Circulatory Condition-high blood pressure, varicose veins, blood clots
- Numbness/Tingling, Sciatica
- Tendonitis, Bursitis
- Diabetes





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## Massage Client Waiver Form

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 perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.

\_\_\_\_\_

I affirm that I have notified my therapist of all known medical conditions and injuries.

\_\_\_\_\_

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.

\_\_\_\_\_

## 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.

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

Client name: \_\_\_\_\_

Client signature: \_\_\_\_\_

Date: \_\_\_\_\_

Therapist signature: \_\_\_\_\_