Client Intake Form – Therapeutic Massage

Personal Information:

Name _____ Phone (Day) _____ Phone (Eve) _____

Address _____

City/State/Zip _____

email _____ Date of Birth _____ Occupation _____

Emergency Contact _____ Phone _____

The following information will be used to help plan safe and effective massage sessions.
Please answer the questions to the best of your knowledge.

Date of Initial Visit _____

1. Have you had a professional massage before? Yes No

   If yes, how often do you receive massage therapy? _____

2. Do you have any difficulty lying on your front, back, or side? Yes No

   If yes, please explain _____

3. Do you have any allergies to oils, lotions, or ointments? Yes No

   If yes, please explain _____

4. Do you have sensitive skin? Yes No

5. Are you wearing contact lenses ( ) dentures ( ) a hearing aid ( ) ?

6. Do you sit for long hours at a workstation, computer, or driving? Yes No

   If yes, please describe _____

7. Do you perform any repetitive movement in your work, sports, or hobby? Yes No

   If yes, please describe _____

8. Do you experience stress in your work, family, or other aspect of your life? Yes No

   If yes, how do you think it has affected your health?

   muscle tension ( ) anxiety ( ) insomnia ( ) irritability ( ) other _____

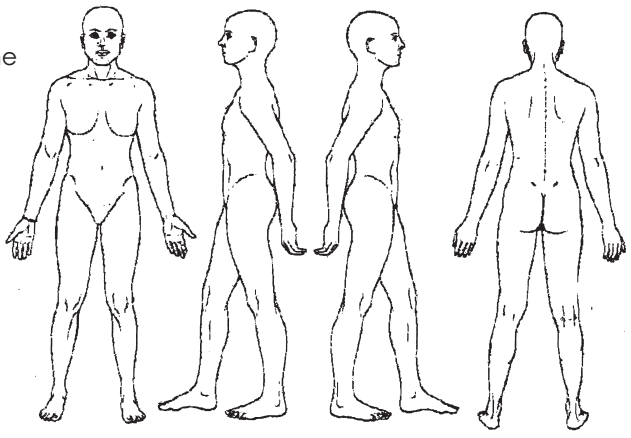
9. Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort? Yes No

   If yes, please identify _____

10. Do you have any particular goals in mind for this massage session? Yes No

    If yes, please explain _____

Circle any specific areas you would like the massage therapist to concentrate on during the session:



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Medical History

In order to plan a massage session that is safe and effective, I need some general information about your medical history.

11. Are you currently under medical supervision? Yes No
    If yes, please explain _____
12. Do you see a chiropractor? Yes No If yes, how often? _____
13. Are you currently taking any medication? Yes No
    If yes, please list _____
14. Please check any condition listed below that applies to you:

( ) contagious skin condition	( ) phlebitis
( ) open sores or wounds	( ) deep vein thrombosis/blood clots
( ) easy bruising	( ) joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis
( ) recent accident or injury	( ) osteoporosis
( ) recent fracture	( ) epilepsy
( ) recent surgery	( ) headaches/migraines
( ) artificial joint	( ) cancer
( ) sprains/strains	( ) diabetes
( ) current fever	( ) decreased sensation
( ) swollen glands	( ) back/neck problems
( ) allergies/sensitivity	( ) Fibromyalgia
( ) heart condition	( ) TMJ
( ) high or low blood pressure	( ) carpal tunnel syndrome
( ) circulatory disorder	( ) tennis elbow
( ) varicose veins	( ) pregnancy If yes, how many months?
( ) atherosclerosis	

Please explain any condition that you have marked above _____

_____

_____

15. Is there anything else about your health history that you think would be useful for your massage practitioner to know to plan a safe and effective massage session for you? _____

_____

I, _____ (print name) understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

I have received a copy of the Massage Therapy Policies and Procedures, in which I have read, understand and have had the opportunity to ask questions.

Signature of client _____ Date _____

Consent to Treatment of Minor: By my signature below, I hereby authorize the massage therapist to administer massage or bodywork therapy techniques to my child or dependent as she deems necessary.

Signature of Parent or Guardian _____ Date _____

Signature of Massage Therapist _____ Date _____

Massage Therapy

We understand that unanticipated events occur in everyone's life. In consideration of our clients and our commitment to provide an outstanding massage experience, we have adopted the following policies:

ARRIVAL TO YOUR MASSAGE

For your first appointment, please arrive 15 minutes prior to the scheduled starting time. This allows for time to complete the Client Intake Form, change and prepare for your massage. After your first appointment, please arrive five minutes prior to your scheduled starting time. Early arrival allows for a relaxed and unhurried experience.

If late arrival is inevitable, your massage may need to be shortened in order to stay on schedule. The original treatment time will be charged.

CANCELLATION POLICY

Please provide at least 24 hours notice if you need to reschedule or cancel a massage. If a client fails to cancel within 24 hours, they will be asked to pre-pay for future services and an additional missed appointment charge of $20 may be assessed.

LATE ARRIVAL POLICY

We regret that late arrivals will not receive extension of scheduled appointments. In special cases, and when the schedule will allow, we may be able to accommodate a partial or full appointment. The original reservation fee will be charged.

NO SHOW POLICY

Clients who fail to show for appointments may be asked to pre-pay for future services and an additional missed appointment charge of $20 may be assessed.

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Other Massage Policies

INFORMED CONSENT

At your first visit with us you will receive a copy of the massage therapy policies and will be asked to sign the consent stating that you have read the information, understand it, and agree to comply with the professional massage therapy policies and procedures. Clients who we have not seen for at least a year will also be asked to fill out this form.
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SCOPE OF PRACTICE

- Massage Therapy is a profession in which the practitioner applies manual techniques, and may apply adjunctive therapies, with the intention of positively affecting the health and well-being of the client.
- Massage Therapists do not diagnose or prescribe for medical conditions nor are they allowed to provide treatment for a specific condition without a doctor's supervision. The massage therapist is required to refer you for diagnosis and to follow recommendations of your physician.

RESPECT FOR CLIENT NEEDS AND BOUNDARIES

- The massage therapists are happy to adjust pressure, temperature, music volume, work longer on an area or move on if you request it.
- The client may choose to: leave on as much clothing as needed for comfort, refuse any massage methods, stop massage at any time and is free to leave.
- The client will always be modestly draped. Only the area being massaged will be undraped. The clients will be kept informed of the area to be massaged.
- Occasionally, an emotional response to massage occurs. If this happens, it is ok to express the feelings in our safe, nonjudgmental environment - or you may request privacy and end the session. You are in control.

CONFIDENTIALITY AND CONVERSATION

- The discussion between the massage therapist and the client is confidential. The client may or may not choose to talk during the massage.

EXISTING AND NEW MEDICAL CONDITIONS

- It is the responsibility of the client to keep the massage therapist informed of any medical treatment currently being taken, and to provide written permission from the physician, chiropractor, physical therapist, etc., that the massage may be continued.
- The client must also keep the massage therapist informed of any changes in health conditions.
- For clients undergoing chemo and radiation therapies – If you are currently in treatment, or if your last treatment session was less than 12 months ago, we require a doctor's note that states the doctor is aware of and agrees to the desired treatment.