



People Massage Therapy Intake Form

CLIENT INFORMATION

Name: _____ Intake Date: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____ Cell Phone: _____
 E-mail address: _____ Birth Date: _____
 Occupation: _____ Referred by: _____
 In Case of Emergency, Contact: _____ at _____

Massage & Health History

Have you ever had a professional massage before? Yes No Date of Last Massage _____
 What results do you want from your massage sessions? _____
 Daily activities: _____
 Are you under the care of a physician? Yes No If yes, please explain: _____

 Please list any medication, including supplements: _____

 Please list any recent injuries/accidents/surgeries/illnesses that are could possibly affect your massage:

 Do you receive other Chiropractic adjustments? Yes No
 How much water do you drink daily? _____ ounces

Please mark all current and previous conditions:

<input type="checkbox"/>	Jaw pain (TMJ)	<input type="checkbox"/>	Limb Numbness (Location: _____)
<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Back pain	<input type="checkbox"/>	Heart Conditions
<input type="checkbox"/>	Neck/shoulder pain	<input type="checkbox"/>	Low / High Blood Pressure
<input type="checkbox"/>	Leg/Thigh pain (Left / Right)	<input type="checkbox"/>	History of Blood Clots
<input type="checkbox"/>	Arm pain (Left / Right)	<input type="checkbox"/>	Fibromyalgia
<input type="checkbox"/>	Headaches/Migraines	<input type="checkbox"/>	Currently Pregnant
<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Epilepsy/seizures
<input type="checkbox"/>	Lymph Nodes removed	<input type="checkbox"/>	Other

Describe any conditions indicated above, or other conditions that you feel may be important:

Text Messages Confirmation ~ I acknowledge that I give PHD Massage/Bonnie Dittmer to send me text messages to my cellphone for appointment notifications. _____

(Client's signature)

Signature: _____ Date: _____

Signature of parent/guardian: _____ Date: _____
 (If patient is a minor)

If you are unable to keep your appointment, please give a minimum 24 hours-notice.

(Over)

POLICY AGREEMENT

APPOINTMENT POLICY

When an appointment is scheduled for you, that time is just for you to ensure you receive the full amount of time you have requested. I LOVE being a massage therapist, but I need to adhere to my schedule to provide the best massage to each of my clients. **Please be respectful of my time and the time of my other clients.**

Late arrival to an appointment **means less time for your massage.** You will receive the balance of your session **and** you will be charged the full price for the session. I recommend clients **arrive 5 to 10 minutes before** their appointed session time to ensure there is adequate time for paperwork and consultation before each massage.

Each session booked is for actual table time. **For example, if you are booked for a 30-minute massage at 5:30 pm, you will receive 30 minutes of massage on the table starting at 5:30 pm and ending at 6:00 pm.** Consultation time does not impact your table time prior or after your massage, **unless you have arrived late.** If you need additional table time **and** time allows for it, I would be happy to add additional time to your massage at a \$1 per additional minute, as time allows.

NOTICE OF CANCELLATION AND NO-SHOW POLICY

Notification of **cancellation** must be received a **minimum** of 24 hours in advance by phone, text message or email. Clients who cancel their appointment less than 24 hours will not incur a fee the first time; **subsequent short-notice cancellations will be charged at cost of the massage scheduled. No-show appointments will be invoiced at full cost of massage session.** Chronic problems with cancellations and no-shows may require a client to pay in advance for massage services. **Short-notice cancellations and no-show appointments can be discussed with massage therapist to waive short-notice/no-show fees.**

PAYMENT POLICY

I accept **cash, check, credit, and debit. All insufficient funds (Returned) checks are subject to a \$35 fee.**

Gratuity is not required nor expected. If you wish to tip, it will not be declined and will be immensely appreciated.

GENERAL POLICY

I provide professional, therapeutic massage. If you have questions or concerns regarding any technique the massage therapist has explained to you, please ask for clarification. Should the therapist or client feel uncomfortable in a session, **either party may terminate the massage** immediately without consequence. I encourage clients to speak with their massage therapist if they are uncomfortable with any techniques or stretches performed during the massage. Each massage session is tailored to each individual and is for therapeutic purposes. **If any inappropriate sexual suggestive behaviors occur, the session will be terminated immediately with full payment required for the session.**

All clients will **fill out a health/personal history form** before the initial massage. This information will be kept confidential, but is required for health and safety purposes. Intake information is not shared without written consent of client. Client has given consent to receive massage and has informed massage therapist of all health conditions. Client has provided medical releases from physicians, as needed. Client will not hold massage therapist liable if client has withheld any known medical conditions.

Client must be 18 years or older to receive a massage. Clients under the age of 18 will require a parent or legal guardian to sign consent form and will be required to remain present during the entire massage session.

By signing below, you are acknowledging that you have read, understand, and agree with the policies of **PHD Massage LLC.**

Signature

Date

updated December 23, 2017

