

# client intake form

client signature \_\_\_\_\_

date of initial visit \_\_\_\_\_

## personal information

name \_\_\_\_\_

address \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

home phone \_\_\_\_\_ cell phone \_\_\_\_\_

work phone \_\_\_\_\_

email \_\_\_\_\_

occupation \_\_\_\_\_

marital status \_\_\_\_\_

referred by \_\_\_\_\_

emergency contact name \_\_\_\_\_ emergency contact phone \_\_\_\_\_

physician's name \_\_\_\_\_ physician's phone \_\_\_\_\_

## massage experience

Have you had a professional massage before?  Yes  No

If yes, what types of massage have you had (swedish, shiatsu, deep tissue, etc.)?  
 \_\_\_\_\_

How long have you been receiving massage therapy? \_\_\_\_\_

Frequency of massages? \_\_\_\_\_

What are your goals for treatment? \_\_\_\_\_

\_\_\_\_\_

## health history

### Musculoskeletal

- Bone or joint disease
- Tendonitis/Bursitis
- Arthritis/Gout
- Jaw Pain (TMJ)
- Lupus
- Spinal Problems
- Migraines/Headaches
- Osteoporosis

### Circulatory

- Heart Condition
- Phlebitis/Varicose Veins
- Blood Clots
- High/Low Blood Pressure
- Lymphedema
- Thrombosis/Embolism

### Respiratory

- Breathing Difficulty/Asthma
- Emphysema
- Allergies, specify: \_\_\_\_\_
- Sinus Problems

### Nervous System

- Shingles
- Numbness/Tingling
- Pinched Nerve
- Chronic Pain
- Paralysis
- Multiple Sclerosis
- Parkinson's Disease

### Reproductive

- Pregnant, stage \_\_\_\_\_
- Ovarian/Menstrual Problems
- Prostate

## current health

Do you exercise regularly and/or participate in any sports?  Y  N  
 If yes, what kind of exercise/sports? \_\_\_\_\_

Do you perform any repetitive movement in your work, sports or hobby?  Y  N  
 If yes, describe \_\_\_\_\_

Do you sit for long hours at a workstation, computer or driving?  Y  N  
 If yes, describe \_\_\_\_\_

Do you experience stress in your work, family, or other aspect of your life?  Y  N  
 If yes, describe \_\_\_\_\_

Are you experiencing tension, stiffness, discomfort or pain?  Y  N  
 If yes, describe \_\_\_\_\_

Have you recently had an injury, surgery, or areas of inflammation?  Y  N  
 If yes, describe \_\_\_\_\_

Do you have sensitive skin?  Y  N

Do you have any allergies to oils, lotions or ointments?  Y  N  
 If yes, please explain \_\_\_\_\_

List any medications you are currently taking \_\_\_\_\_

List any known allergies \_\_\_\_\_

\_\_\_\_\_

### Skin

- Allergies, specify: \_\_\_\_\_
- Rashes
- Cosmetic Surgery
- Athlete's Foot
- Herpes/Cold Sores

### Digestive

- Irritable Bowel Syndrome
- Bladder/Kidney Ailment
- Colitis
- Crohn's Disease
- Ulcers

### Psychological

- Anxiety/Stress Syndrome
- Depression

### Other

- Cancer/Tumors
- Diabetes
- Drug/Alcohol/Tobacco Use
- Contact Lenses
- Dentures
- Hearing Aids

Any other medical condition(s) not listed: \_\_\_\_\_

Please explain any of the conditions that you have marked above: \_\_\_\_\_

\_\_\_\_\_

# Client Policies & Procedures:

## Rates & Services

\$70 Relaxation/Swedish Massage

\$80 All Therapeutic Bodywork/Massage, Sports Massage & Pregnancy Massage

\$90 Medical Massage

\*SAVE 10/15% on pre-paid 6/12 Packs.

\*SAVE 20/25% on pre-paid 6/12 Weekly Wellness Packages.

## Your appointment:

Please arrive 15 minutes early for your first appointment to complete paperwork. Your first appointment will include a 5-10 minute assessment to ensure we are able to meet your needs and provide a safe massage. Therapeutic & Medical assessments may include postural photos. Depending on your goals, some time may be spent on a post-assessment and take-home care. It is helpful to wear clothing you can move in to your first appointment.

## Treatment:

The client will be draped or clothed at all times. The client determines which articles of clothing to remove. Many therapeutic techniques are best experienced in clothes you can move freely in. The therapist will discuss treatment options with the client, however the client makes the final decision. The client may stop the session at any time if they are uncomfortable. You are expected to communicate preferences, expectations and concerns, as well as inform the therapist of any changes in your medical history.

## Minors:

Persons under the age of 18 must be accompanied by an adult unless a private session consent form is signed by a parent or guardian. Sexual behavior/intonation is not tolerated by either the client or therapist.

## Late Arrivals:

If you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours. Regardless of the length of the treatment actually given, you will be responsible for the "full" session. Out of respect and consideration to your therapist and other customers, please plan accordingly and be on time.

## Cancellation Policy

24 hour advance notice is required when cancelling an appointment. This allows the opportunity for someone else to schedule an appointment. If you are unable to give us 24 hours advance notice you will be charged \$50 for same-day cancellations and \$25 if it is the day before your appointment. This amount must be paid prior to your next scheduled appointment. Anyone who either forgets or consciously chooses to forgo their appointment for whatever reason will be considered a "no-show." They will be charged for their "missed" appointment in full.

## Emergencies and other Time Considerations

If an emergency occurs for either the client or the therapist, the session may be re-scheduled based on mutual agreement. If a session starts late due to delays at the therapist, the client will still get a complete treatment if their schedule allows or the session will be pro-rated. The Clinic may extend discounts for a future session in consideration of your time.

## Payment:

We accept cash and most major credit cards and have gift certificates available. At this time we cannot bill your insurance company directly. We are happy to assist you with paperwork or reports necessary for you to file your own out-of-network insurance reimbursement. You will be required to pay for your session in full at your appointment.

## \*\*\*SCOPE OF PRACTICE\*\*\*

The purpose of massage therapy is relaxation, stress reduction, relief from muscular tension or spasm and for increasing circulation and energy flow. The massage therapist does not diagnose illness, disease or any other physical or mental disorder. As such, the massage therapist does not prescribe medical treatment or pharmaceuticals nor is any spinal adjustment performed. Massage therapy is not a substitute for medical attention, and it is essential that all health information provided be true and correct. **Any illicit or sexually suggestive remarks or advances made will result in immediate termination of the session**, and the customer will be liable for payment of the scheduled appointment. Following such instance, the client will not be permitted to receive any further treatments.

## CONSENT FOR CARE

It is my choice to receive massage therapy. I acknowledge that massage therapy is not a substitute for medical care, medical examination or diagnosis. I have stated all medical conditions and I am aware of and will inform my practitioner of changed in my health status. I am aware of the benefits and risks of massage and give my consent for massage. I understand that there is no implied or stated guarantee of success of effectiveness of individual techniques or series of appointments.

I have read and agree to the terms and conditions set forth above.

Client Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_