CLIENT INTAKE FORM

Name: _____ Home Phone #: _____ Cell #: _____

Address: _____ City: _____ State/Zip: _____

DOB: ____/____/____ Emergency Contact Name: _____ Contact Phone #: _____

Occupation: _____ Have You Ever Had A Massage? YES NO If Yes, Which Type: _____

Email Address (To receive Appointments Reminders and Special Offers): _____

Your email address and contact information will not be sold or given to any third party

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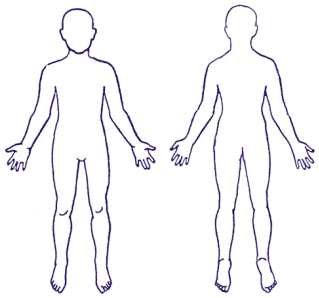
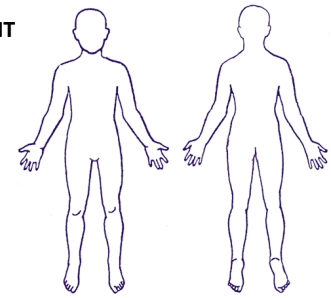
Indicate on **DIAGRAM** any areas you want **FOCUSED**

FRONT **BACK**



Indicate on **DIAGRAM** any areas you want **AVOIDED**

FRONT **BACK**



PLEASE MARK ALL CURRENT AND PAST CONDITIONS:

❒ Contagious Skin Condition	❒ Open Sores or Wounds	❒ High/Low Blood Pressure	❒ Blood Clots/ Deep Vein Thrombosis
❒ Easy Bruising	❒ Recent Accident/Injury	❒ Recent Fracture	❒ Recent Surgery
❒ Joint Replacement	❒ Sprains/Strains	❒ Current Fever/Chills	❒ Swollen Glands
❒ Allergies/Sensitivities	❒ Heart Condition	❒ Pacemaker	❒ Circulatory Disorder
❒ Varicose Veins	❒ Atherosclerosis	❒ Phlebitis	❒ Arthritis/Joint Disorder
❒ Osteoporosis	❒ Epilepsy	❒ Headaches/Migraines	❒ Diabetes
❒ Numbness	❒ Back/Neck Issues	❒ Fibromyalgia	❒ TMJ
❒ Carpal Tunnel	❒ Tennis Elbow	❒ Frozen Shoulder	❒ Pregnant (How many months? _____)

Please explain any checked conditions listed above and anything else you think your therapist should be aware of: _____

Please list any medications prescribed or you are currently taking you think your therapist should be aware of: _____

Disclaimer: This place of business will not be held liable for any injury or condition that arises from application of massage despite completion of this form. The form is intended as an assessment tool only and serves as a guide for the application of massage not for medical treatment or medical assessment. Draping will be used during this session. Only the body area being worked on will be uncovered. Breast massage on female clients will not be performed without written consent of the client prior to massage. Clients under the age of 18 must have a parent or legal guardian present to provide a signature for authorization for the therapeutic massage session and must be with the same gender massage therapist.

Cancellation Policy: By signing this intake form you agree that if you need to cancel or reschedule an appointment, you will have till the close of business the day before your appointment to cancel to avoid being charged a fee. Any cancellations, not showing up to your appointment and changing your appointment the same day will result in a full charge of the session.

I have stated all conditions that I am aware of and this information I provided is true and accurate to the best of my knowledge. I agree to inform my massage therapists immediately of any change in the conditions stated above. I acknowledge that this information is confidential and intended for review by massage therapists; that a medical referral may be requested of me; and that Massage Green is not liable for the management of any condition. If uncomfortable for any reason, a client may end the session. I also understand that any illicit or sexually suggestive remarks or advances made by myself will result in immediate termination of this session, and I will be liable for full payment of the appointment.

Client Signature (Parent/Guardian If Minor): _____ **Date:** _____

Signature of Therapist: _____ **Date:** _____