Massage Client Intake Form

Client Information and Release Form

Name _____ **Birth Date** _____

Address _____

City _____ **State** _____ **Zip** _____

Phone Number (_____)_____ **Email** _____

Referred By _____ **Today's Date:** _____

General and Medical History

Please check all that apply:

- ☐ **Allergies / Sensitivity**
- ☐ **Arthritis**
- ☐ **Blood Clots**
- ☐ **Bruise Easily**
- ☐ **Cancer**
- ☐ **Carpal Tunnel**
- ☐ **Contagious Skin Condition**
- ☐ **Diabetes**
- ☐ **Epilepsy / Seizures**
- ☐ **Fibromyalgia**
- ☐ **Headaches / Migraines**
- ☐ **Heart / Kidney Disease**
- ☐ **High Blood Pressure**
- ☐ **Injuries**
- ☐ **Sciatica**
- ☐ **Spinal Problems**
- ☐ **Varicose Veins**
- ☐ **Currently Pregnant?**

How Many Weeks :_____

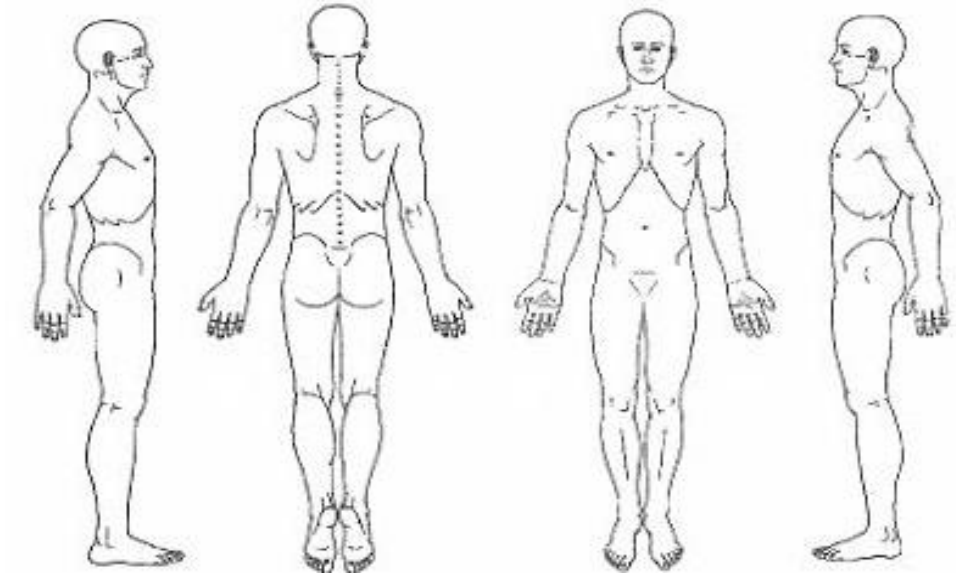
Please explain any checked above: _____

_____

Any medical conditions your massage therapist should be made aware of?

Current Medications: _____

Type of massage : ☐ **Therapeutic / Wellness** ☐ **Deep Tissue / Trigger Point** ☐ **Prenatal**



Precautions / Preferences:

_____

_____

Contraindications:

_____

_____

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

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Client Acknowledgment

--I 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 the session, I will immediately inform the therapist so that the pressure and or strokes may be adjusted to my level of comfort.

--I understand that therapeutic massage should not be done under certain medical conditions; I affirm that I have completed this form to the best of my knowledge and will inform the massage therapist of any change in my physical health.

--I understand that the massage therapist cannot diagnose illness, disease, or any other medical, physical, or emotional disorder. I am responsible for consulting a qualified physician for any physical ailments that I may have.

--If uncomfortable for any reason, the client or the therapist may ask to end the massage session immediately.

--The massage therapist will not perform breast massage on female clients without the written consent of the client prior to the massage session.

--I understand that draping will be used during the massage session and only the area being worked on will be uncovered. *Note that areas covered with a black box will not be treated.

--I understand that if I arrive late, my session will end at the originally scheduled time so that the client following me is not penalized.

--I agree to give 24-hour notice for a scheduled session that I cannot keep. I am aware that I may be charged the full fee for any missed sessions or for sessions that I do not give 24-hour notice to cancel or reschedule.

Client Signature _____ Date _____
(Parent or Guardian if under the age of 17)

Therapist Signature _____ Date _____