

Massage and Bodywork Intake Form

Client Information

Name _____ Date _____

Street _____

City _____ State _____ Zip _____

Day Phone _____ Eve Phone _____

Occupation _____ D.O.B. _____

How did you hear about us? _____

Would you like to receive special offers via email? **YES / NO**

Email _____

Emergency Contact Name _____ Phone _____

Massage History / Session Information

Have you ever received a professional massage? **YES / NO**

Date of last Massage _____

What goals do you want to achieve from your massage session?

Are there any areas you would like to me to concentrate on?

Are there any areas to avoid? _____

List any exercise activities, include frequency

Are you currently under the care of a health practitioner? **YES / NO**

If yes, please specify purpose _____

List current medications and purpose _____

Previous History (Include year and treatment)

Injuries/accidents/illnesses still affecting you

Surgeries _____

Please mark any of the following that pertains to you

Circulatory

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

Skin

- Allergies,specify _____

- Rashes
- Athletes foot
- Herpes / Cold Sores
- Other _____

Digestive

- Irritable bowel syndrome
- Ulcers
- Other _____

Other

- Cancer / tumors
- Bladder / Kidney ailment
- Diabetes
- Drug /Alcohol/Caffeine /tobacco
- Chronic fatigue
- Chronic pain
- Sleep disorders
- Migraines /headaches
- Anxiety / stress syndrome
- Depression
- Contact Lenses

Musculoskeletal

- Bone and joint disease
- Tendonitis / Bursitis
- Arthritis / Gout
- Jaw Pain (TMJ)
- Lupus
- Spinal Problems
- Other _____

Respiratory

- Breathing difficulty / Asthma
- Emphysema
- Allergies, Specify _____
- Sinus Problems
- Other _____

Nervous System

- Shingles
- Numbness / tingling
- Pinched Nerve
- Other _____

Reproductive

- Pregnant, stage _____
- Ovarian / Menstrual problems
- Prostate
- Other _____

Additional Client Remarks/Comments

Massage Therapy Waiver and Consent

Confidentiality

All clients' names, personal information, medical histories, and all information shared within the boundaries of the bodywork session are confidential.

Cancellations, Missed Appointments, or Late Arrivals

When you book an appointment, I have set this time aside for you. However, life does happen. I ask that clients cancel or reschedule appointments at least **24 hours** in advance. Cancellations less than 24 hours in advance and no-shows will be charged **half the cost** of the scheduled session. If you have a sudden illness that makes massage inappropriate, such as a fever or contagious infection, your session will be rescheduled at NO CHARGE for the protection of the therapist and well as the client. If you are late for your appointment, your session will end at its scheduled time and full payment is expected. This is to ensure that the next client's appointment will also begin and end on time.

Client Rights, Therapeutic Boundaries, and Important Information

You are entitled to information about my methods, techniques and fee structure. You may refuse any method or technique. No one can guarantee the outcome of our work together, and often the outcome depends on the fit between the client and practitioner, and mode of treatment. If at any point you would like to try another approach beyond my scope of practice, I would be happy to provide appropriate referrals. If you have any questions, please feel free to ask.

All bodywork sessions are strictly therapeutic and sexual behavior between the therapist and client is never appropriate. Sexual behavior by the client toward the therapist will result in **immediate termination** of the session with **payment due in full**. Thank you for respecting my boundaries.

Therapeutic massage and bodywork has many benefits but is insufficient in certain cases. I am not a medical doctor and am not qualified to diagnose conditions, prescribe medications, perform spinal adjustments, set bones, treat acute injuries or illnesses, or serve as a substitute for medical treatment.

Fee Structure

Payment is due upon receipt of services. I accept cash, check and credit cards. There will be a \$35 charge for any returned checks. I do not work with insurance companies as of yet but will be happy to provide an invoice upon request.

*I have completed this form to the best of my knowledge and will inform the massage therapist of any change in my health.

*I understand that my massage therapist cannot diagnose illness, disease, or any other medical, physical, or emotional disorder, nor perform any spinal manipulations. I am responsible for consulting a qualified physician for any ailments that I have.

*I understand that massage therapy is a therapeutic health aide and is non-sexual.

*I understand that if the massage therapist starts the session late, she/he will make it up to me at the end of my session if possible or adjust my fees accordingly. I understand that if I arrive late, my session will end at the original scheduled time so the client following me is not penalized.

*If I am to cancel my appointment, I agree to call at (904) 993-8739 and leave a message. I expect to be billed for half the cost of the missed session if I do not cancel within 24 hours, barring sudden illness

Signed _____ Dated _____