



Epione Massages

New Client Medical Intake Form

Name: _____ Date: _____
 Address: _____
 City, State, Zip: _____
 Occupation: _____ Contact #: _____
 DOB: _____ Gender: _____ Email: _____
 Emergency Contact & Number: _____

Medical History

Any Allergies: _____
 Surgeries/Injuries/Illnesses: _____

Having a complete medical history is important for the assessment process and in the determination of your customized massage plan. In each of the following sections please mark the "past" and/or "current" box next to any of the items that apply to your health history.

Musculoskeletal

Past	Current		Past	Current	
___	___	bone or joint disease	___	___	low back/hip pain
___	___	tendonitis	___	___	neck/shoulder pain
___	___	bursitis	___	___	headaches
___	___	broken/fractured bones	___	___	spasms/cramps
___	___	arthritis	___	___	jaw pain
___	___	sprains/strains	___	___	lupus
___	___	scoliosis	___	___	wrist/hand pain
___	___	herniated discs	___	___	leg/foot pain
___	___	Other (please explain)	___	___	_____

Circulatory

Past Current

- ___ ___ heart/vessel conditions
- ___ ___ varicose veins
- ___ ___ high/low blood pressure
- ___ ___ blood clots
- ___ ___ lymphedema
- ___ ___ other: _____

Respiratory

Past Current

- ___ ___ breathing difficulty
- ___ ___ sinus problems
- ___ ___ allergies
- ___ ___ Other _____

Urinary

Past Current

- ___ ___ cystitis
- ___ ___ kidney disease
- ___ ___ UTI
- ___ ___ Other: _____

Reproductive

Past Current

- ___ ___ pregnancy #/weeks _____
- ___ ___ endometriosis
- ___ ___ severe bloating/cramps
- ___ ___ menopausal symptoms
- ___ ___ painful/absent cycles
- ___ ___ Other: _____

Nervous System

Past Current

- ___ ___ numbness/tingling
- ___ ___ fibromyalgia
- ___ ___ herpes/shingles
- ___ ___ fatigue
- ___ ___ other: _____

Skin

Past Current

- ___ ___ rashes/eczema/psoriasis
- ___ ___ athlete's foot
- ___ ___ warts
- ___ ___ allergies
- ___ ___ other: _____

Digestive

Past Current

- ___ ___ constipation
- ___ ___ crohn's disease
- ___ ___ diverticulitis
- ___ ___ IBS/colitis
- ___ ___ reflux
- ___ ___ other: _____

Other

Past Current

- ___ ___ cancer/tumors
- ___ ___ thyroid issues
- ___ ___ diabetes
- ___ ___ depression/anxiety
- ___ ___ hearing loss
- ___ ___ other: _____

Signature: _____

Date: _____



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Studio Policies

Your Session: Clients are asked to arrive 15 minutes prior to their appointment time to make sure all necessary paperwork is completed. Client's health history information will be reviewed prior to bodywork to ensure a complete assessment, and a focus area has been established. Clients are asked not to wear anything with a strong scent and to have bathed the day of your appointment. Do not arrive under the influence of alcohol or recreational drugs. You will be asked to reschedule your session, and will be responsible for that sessions fees. Refunds will not be issued if a client "feels" their session was not effective.

Contraindications: There are some medical conditions for which bodywork techniques should be modified, or are not appropriate. In some cases I may not be able to treat you without a release from your primary health care provider.

Cancellations: A 24 hour notice is required for cancelling your session. If you need to cancel within 24 hours, a cancellation fee equivalent to half your session's fee will be implemented. Future appointments will not be scheduled until all financial obligations have been met. The cancellation fee will be waived in case of emergencies.

Late Arrival: Your appointment will be held for 15 minutes. After that time, the appointment will be forfeit, and payment for a full session will be required. If you are running late with a phone call, you may begin your session upon arrival, but will be shortened by the amount of time you are late.

Conduct: To ensure a safe environment for both myself and the client, the therapist-client relationship must be professional at all times. I reserve the right to refuse, or stop a session at any point if I feel the client's behavior has become inappropriate.

By signing below I acknowledge that I have read and understand these policies.

Client Signature: _____

Date: _____