

Massage Intake Form

Patient Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Phone (____) _____ - _____ Date of Birth ____/____/____

Email _____

Sex: M F How did you hear about our office? _____

HEALTH HISTORY

1. Have you had a professional massage before? Yes No
If yes, how often do you receive massage therapy? _____

2. Do you have any difficulty lying on your front, back, or side? Yes No
If yes, please explain _____

3. Do you have any allergies to oils, lotions, or ointments? Yes No
If yes, please explain _____

4. Do you have sensitive skin? Yes No

5. Are you wearing? contact lenses dentures a hearing aid

6. Do you sit for long hours at a workstation, computer, or driving? Yes No
If yes, please describe _____

7. Do you perform any repetitive movement in your work, sports, or hobby? Yes No
If yes, please describe _____

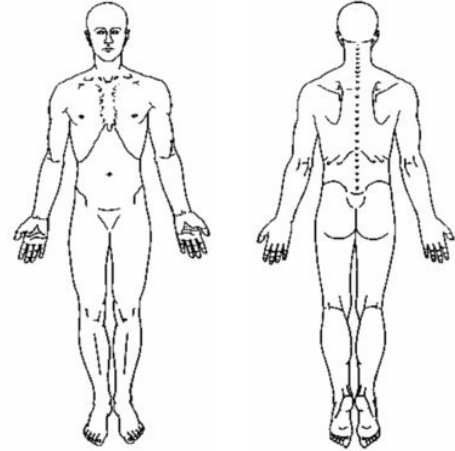
8. Do you experience stress in your work, family, or other aspect of your life? Yes No
If yes, how do you think it has affected your health?
 muscle tension anxiety insomnia other _____

9. Is there a particular area of the body where you are experiencing tension, stiffness, pain or
Other discomfort? Yes No
If yes, please identify _____

10. Do you have any particular goals in mind for this massage session? Yes No

If yes, please explain _____

11. Circle any specific areas you would like the massage therapist to concentrate on during the session:



MEDICAL HISTORY

In order to plan a massage session that is safe and effective, I need some general information about your medical history.

12. Are you currently under medical supervision? Yes No

If yes, please explain _____

13. Are you currently taking any medication? Yes No

If yes, please list _____

14. Please check any condition listed below that applies to you:

- | | |
|---|--|
| <input type="checkbox"/> contagious skin condition | <input type="checkbox"/> phlebitis |
| <input type="checkbox"/> open sores or wounds | <input type="checkbox"/> deep vein thrombosis/blood clots |
| <input type="checkbox"/> easy bruising | <input type="checkbox"/> joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis |
| <input type="checkbox"/> recent accident or injury | <input type="checkbox"/> osteoporosis |
| <input type="checkbox"/> recent fracture | <input type="checkbox"/> epilepsy |
| <input type="checkbox"/> recent surgery | <input type="checkbox"/> headaches/migraines |
| <input type="checkbox"/> artificial joint | <input type="checkbox"/> cancer |
| <input type="checkbox"/> sprains/strains | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> current fever | <input type="checkbox"/> decreased sensation |
| <input type="checkbox"/> swollen glands | <input type="checkbox"/> back/neck problems |
| <input type="checkbox"/> allergies/sensitivity | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> heart condition | <input type="checkbox"/> TMJ |
| <input type="checkbox"/> high or low blood pressure | <input type="checkbox"/> carpal tunnel syndrome |
| <input type="checkbox"/> circulatory disorder | <input type="checkbox"/> tennis elbow |
| <input type="checkbox"/> varicose veins | <input type="checkbox"/> pregnancy If yes, how many months? |
| <input type="checkbox"/> atherosclerosis | <input type="checkbox"/> Other: _____ |

Please explain any condition that you have marked above _____

15. Is there anything else about your health history that you think would be useful for your massage practitioner to know to plan a safe and effective massage session for you? _____

Massage Therapy Policies and Procedures

We understand that unanticipated events occur in everyone's life. In consideration of our clients and our commitment to provide an outstanding massage experience, we have adopted the following policies:

ARRIVAL TO YOUR MASSAGE

For your first appointment, please arrive 15 minutes prior to the scheduled starting time. This allows for time to complete the Client Intake Form, change and prepare for your massage. After your first appointment, please arrive five minutes prior to your scheduled starting time. Early arrival allows for a relaxed and unhurried experience.

If late arrival is inevitable, your massage may need to be shortened in order to stay on schedule. The original treatment time will be charged.

CANCELLATION POLICY

Please provide at least 24 hours notice if you need to reschedule or cancel a massage. If a client fails to cancel within 24 hours, they will be asked to pre-pay for future services and an additional missed appointment charge of 60% massage cost will be assessed.

LATE ARRIVAL POLICY

We regret that late arrivals will not receive extension of scheduled appointments. In special cases, and when the schedule will allow, we may be able to accommodate a partial or full appointment. The original reservation fee will be charged.

NO SHOW POLICY

Clients who fail to show for appointments may be asked to pre-pay for future services and the *total appointment charge* will be assessed.



Other Massage Policies

INFORMED CONSENT

At your first visit with us you will receive a copy of the massage therapy policies and will be asked to sign the consent stating that you have read the information, understand it, and agree to comply with the professional massage therapy policies and procedures. Clients who we have not been seen for at least a year will also be asked to fill out this form.

SCOPE OF PRACTICE

- Massage Therapy is a profession in which the practitioner applies manual techniques, and may apply adjunctive therapies, with the intention of positively affecting the health and well-being of the client.
- Massage Therapists do not diagnose or prescribe for medical conditions nor are they allowed to provide treatment for a specific condition without a doctor's supervision. The massage therapist is required to refer you for diagnosis and to follow recommendations of your physician.

RESPECT FOR CLIENT NEEDS AND BOUNDARIES

- The massage therapists are happy to adjust pressure, temperature, music volume, work longer on an area or move on if you request it.
- The client may choose to: leave on as much clothing as needed for comfort, refuse any massage methods, stop massage at any time and is free to leave.
- The client will always be modestly draped. Only the area being massaged will be undraped. The clients will be kept informed of the area to be massaged.
- Occasionally, an emotional response to massage occurs. If this happens, it is ok to express the feelings in our safe, nonjudgmental environment - or you may request privacy and end the session. You are in control.

CONFIDENTIALITY AND CONVERSATION

- The discussion between the massage therapist and the client is confidential. The client may or may not choose to talk during the massage.

EXISTING AND NEW MEDICAL CONDITIONS

- It is the responsibility of the client to keep the massage therapist informed of any medical treatment currently being taken, and to provide written permission from the physician, chiropractor, physical therapist, etc., that the massage may be continued.
- The client must also keep the massage therapist informed of any changes in health conditions.
- For clients undergoing chemo and radiation therapies – If you are currently in treatment, or if your last treatment session was less than 12 months ago, we require a doctor's note that states the doctor is aware of and agrees to the desired treatment.