

Massage Intake Form

Personal Information

Name _____ Phone (day) _____ (evening) _____

Address _____ City/State/Zip _____ DOB _____

Occupation _____ Employer _____

Email _____ Primary Physician _____

Emergency Contact _____ Relationship _____ Phone _____

How did you hear about us? _____

Medical Information

Are you taking any medications? yes no

If yes, please list name and use: _____

Are you currently pregnant? yes no

If yes, how far along? _____

Any high risk factors? _____

Do you suffer from chronic pain? yes no

If yes, please explain _____

What makes it better? _____

What makes it worse? _____

Have you had any orthopedic injuries? yes no

If yes, please list: _____

Please indicate any of the following that apply to you.

- | | |
|--|---|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart Attack |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Dysfunction |
| <input type="checkbox"/> Joint Replacement(s) | <input type="checkbox"/> Blood Clots |
| <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Numbness |
| <input type="checkbox"/> Neuropathy | <input type="checkbox"/> Sprains or Strains |

Explain any conditions you have marked above:

Massage Information

Have you had a professional massage before? yes no

What type of massage are you seeking?

- Relaxation Therapeutic/Deep Tissue

Other _____

What pressure do you prefer?

- Light Medium Deep

Do you have any allergies or sensitivities? yes no

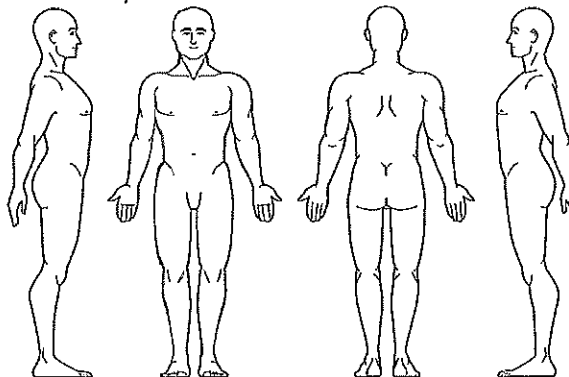
Please explain _____

Are there any areas (feet, face, abdomen, etc.) you do not want massaged? yes no

Please explain _____

What are your goals for this treatment session?

Please circle any areas of discomfort



By signing below, you agree to the following.

I have completed this form to the best of my ability and knowledge and agree to inform my therapist if any of the above information changes at any time.

Client Signature _____ Date _____

Therapist Signature _____ Date _____

Consent for Therapy and Waiver of Liability

The undersigned ("Client") hereby freely consents to receipt of massage services from:

Licensed Massage Therapist's Name

Client agrees as follows:

Client understands and agrees that they will provide the Therapist with complete and accurate health information, and a written referral from Client's primary healthcare provider if Client is currently receiving care or has a specific medical condition or symptoms for which Client takes medication or receives periodic evaluations or treatment. Client understands that massage therapy is designed to be an ancillary health aid and is not suitable for primary medical treatment for any condition.

1. Client and Therapist have discussed the potential benefits and possible side effects of massage therapy and have agreed upon a course of focused attention and manually therapy for the predetermined goals of stress reduction, relief of muscular discomfort, and/or promotion of general health. Client has been given an opportunity to ask questions of the Therapist and has received all requested information.
2. Client understands that the unclothed body will be draped at all times for warmth, sense of security, and as a mark of massage therapy professionalism. Client agrees to immediately inform the Therapist of any unusual sensation or discomfort so that the application of pressure may be adjusted to Client's level of comfort. Client understands that massage therapy is not sexual in any manner and that any illicit or suggestive remarks or behavior on the client's part, will result in an immediate termination of the therapy session. Client understands that payment will be expected in full; regardless if the massage is completed or not.
3. Client hereby assumes fully responsibility for receipt of the massage therapy, and releases and discharges Therapist from any and all claims, liabilities, damages, actions, or causes of action arising from the therapy received hereunder, including, without limitation, any damages arising from acts of active or passive negligence on the part of the Therapist, to the fullest extent allowed by law.
4. Client, in signing this consent for Therapy and Waiver of Liability ("Consent"), understands and agrees that this Consent will apply to and govern the current and all future therapy sessions performed by Therapist

Client Signature

Client Printed Name

Date

Massage Therapist Signature

Massage Therapist Printed Name

Date

First Time Visit

Please arrive 15 minutes before your scheduled appointment, arriving early will give you time to complete any necessary paperwork, consult with your therapist before your appointment. If you arrive late, your session may be cut short in order to accommodate the following appointments after yours.

(*Reference late policy)

Thank you,

Pure Pressure Massage

Cancellation Policy

Your business is valued, and your cooperation is appreciated.

In the event you are unable to keep your scheduled appointment, we ask that you give a 24-hour notice to ensure you will not be charged for the appointment.

If less than 24-hour notice is given, or a "No Show" you will be responsible for the entire amount of your scheduled appointment.

X _____

Client Signature & Date

Thank you,

Pure Pressure Massage

Late Policy

- Arriving Late

Appointment times have been arranged specifically for you. If for some reason you arrive late, your session will be shortened in order to accommodate the next client's appointment that follows.

If your appointment is 15 minutes late you will be asked to pay our cancellation policy and have the choice to reschedule.

No exceptions!

X _____
Client's Signature & Date

Thank You,

Pure Pressure Massage

Therapist and client hygiene

Before and after each massage, the massage therapist's hands and forearms will be washed with hot soapy water and a disinfecting solution, any breaks in the skin will be covered with protective coverings.

We ask that all clients shower before your scheduled appointment. You are to arrive clean. Please be sure to wash your hands before the appointment.

Thank you,

Pure Pressure Massage