

INTAKE FORM

HEAL BY TOUCH BODYWORK

Name: _____ Sex: (male/female/other) _____

Date of Birth: _____ Age: _____

Address: _____

Cellphone Number: _____ E-Mail _____

Is this your first time getting a professional massage? Yes / No

Are you taking any medications? Yes / No If yes, for what? _____

Are you currently pregnant? Yes / No

Are you allergic to anything? Yes / No If yes, what? _____

Are you currently injured? Yes / No If yes, what is injured. _____

Circle all that apply to you:

Cancer	High Blood Pressure	Kidney Dysfunction
Headaches/Migraines	Low Blood Pressure	Blood Clots
Arthritis	Heart Attack / Stroke	Numbness
Diabetes	Neuropathy	Sprains / Strains
Joint Replacement	Fibromyalgia	Rash, Eczema
Insomnia	Anxiety	Depression

Where in your body do you carry the most stress/tension? _____

Reason(s) for wanting massage/bodywork? Please circle

Relieve Stress	Pain Management	Other: _____
Promote Relaxation	Postoperative	
Sleep Better	Reduce Swelling	
Reduce Muscle Tension	Increase Range of Motion	
Relieve Tension Headaches		

Consent and Release:

By signing below, you agree to the following: 1. I give my permission to receive massage therapy. 2. I understand that massage is NOT a substitute for traditional medical treatment or medications. 3. I understand that the massage therapist does not diagnose illnesses or injuries or prescribe medications. 4. I have clearance from my physician to receive massage therapy. 5. I understand the risks associated with massage therapy include, but are not limited to: superficial bruising, short-term muscle soreness, exacerbation of undiscovered injury. 6. I therefore release the company, Heal By Touch Bodywork, and the individual massage therapist from all liability concerning injuries that may occur during the massage session. 7. I understand the importance of informing my massage therapist of all medical conditions and medications I am taking, and to let the massage therapist know about any changes to these. I understand that there may be additional risks based on my physical condition. 8. I understand that it is my responsibility to inform my massage therapist of any discomfort I may feel during the massage session, so he/she may adjust accordingly. 9. I understand that I or the massage therapist may terminate the massage session at any time. 10. I have been given a chance to ask questions about the massage therapy session and my questions have been answered.

Signature: _____

Date signed: _____