

Massage Intake Form

Personal Information

Name _____ DOB _____ Pronouns _____

Address _____ City/State/Zip _____

Phone _____ Email _____

Occupation: _____ Do you accept text messages? Yes No

Do you see a chiropractor? Yes No How did you hear about me? _____

Emergency Contact _____ Phone _____

Medical Information

Have you ever had a professional massage before? Yes No If yes, how long ago: _____

What pressure do you prefer: Light Medium Deep

Are you currently pregnant? yes no If yes, how far along? _____

Are you taking any medications? yes no If yes, please list name and use:

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 or joint replacements? yes no If yes, please list:

List of surgeries (type & date): _____

Please indicate any of the following that apply to you:

- | | | | |
|--|--|---|-------------------------------------|
| <input type="checkbox"/> Infection/fever | <input type="checkbox"/> Tumors | <input type="checkbox"/> Blood Clots | <input type="checkbox"/> Cellulitis |
| <input type="checkbox"/> Cancer/Chemo | <input type="checkbox"/> Heart attack/stroke | <input type="checkbox"/> Kidney Issues | <input type="checkbox"/> CHF |
| <input type="checkbox"/> Autoimmune | <input type="checkbox"/> Thyroid issues | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Digestive issues | <input type="checkbox"/> Sprains/Strains | <input type="checkbox"/> Arthritis/Joint problems | <input type="checkbox"/> Neuropathy |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Pacemaker |
| <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Lymph nodes removed | <input type="checkbox"/> Numbness/Tingling | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Skin condition: rash, warts, hives, other | <input type="checkbox"/> Hernia | <input type="checkbox"/> Ulcer | |

Please explain any conditions marked above: _____

Do you have any allergies or sensitivities (nut oils, essential oils, scents)? yes no

If yes, please list: _____

Are there any areas (feet, face, abdomen, glutes, pectoral muscles, groin, etc.) you DO NOT want massaged? yes no If yes, please explain: _____

What are your goals/reason for this treatment session? Relaxation Pain Relief Both

What position(s) do you sleep at night? (Mark all that apply)

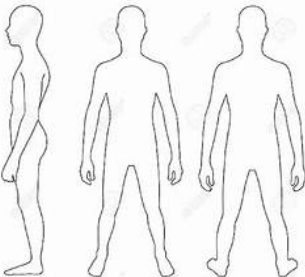
Back Stomach Right side Left side

Do you drink alcohol? Never Occasionally Daily

Do you drink caffeine? Never Occasionally Daily How many per day? _____

Do you exercise? Never Occasionally Daily Type of exercise: _____

Please shade your areas of discomfort:



**** Appointment Cancellation, No Show and Timeliness Policy****

Should you need to cancel, reschedule or change your scheduled appointment, please do so a minimum of 24 hours prior to your appointment. Your full session fee will be forfeited if you fail to provide adequate notice or miss your appointment altogether. If the appointment was booked under a gift certificate, it will be voided in lieu of the fee.

In order to meet the needs of all clients, every session will begin and end on time. If you arrive late for your scheduled appointment, your session will be modified to fit within the time remaining. If you are more than 15 minutes late, your session may be marked as a missed appointment.

I reserve the right to terminate treatment at any time. This includes, but is not limited to, multiple cancellations, appointment changes and no-shows.

Client Signature _____ Date _____

*** Should you have a medical issue in between sessions, please notify me as soon as possible so I can determine if you should return for or postpone your next appointment. (Example.:car accident, falling, vaccinations, illness, medical procedure, new diagnosis, new medications, etc).

Client Signature _____ Date _____

Liability Release and Consent for Treatment

By signing below, you agree to the following:

- 1) I give my permission to receive massage therapy.
- 2) I understand that therapeutic massage is not a substitute for traditional medical treatment or medications. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such.
- 3) I have clearance from my physician to receive massage therapy.
- 4) I understand the risks associated with massage therapy include, but are not limited to:
 - Superficial bruising • Short-term muscle soreness • Exacerbation of undiscovered injury. I therefore release the individual massage therapist from all liability concerning these injuries that may occur during the massage session.
- 5) I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.
- 6) 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.
- 7) I understand that I or the massage therapist may terminate the session at any time
- 8) I understand that I must pre-pay in order to schedule any session.
- 9) I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Understanding all of this, I give my consent to receive care and release and hold harmless, Laurie Geest, LMT LLC from any claims thereto.

Client Signature _____ Date _____

Therapist Signature _____ Date _____

Information & Suggestions

- Prior to your massage, please remove all jewelry and pull long hair back with a clip or band
- In general, massage is given while you are unclothed. However, you may choose to wear undergarments. You will be covered with a top sheet throughout your session.
- Feel free to ask your therapist any questions before, during or after the session