



CONSULTATION
Houston, TX
(281) 846-4292

Name: _____
Address: _____
Phone: _____

Date: _____
Phone : _____
Email: _____

Are you under the age of 17? If yes, you must have the written consent of your parent or guardian to receive massage therapy services.

Please check below all that apply:

Have you received massage therapy or bodywork before? Yes No

Any medical conditions your Therapist should be made aware of?

Yes No If yes, which ones _____

Current Medication: _____

**Please mark any of the following conditions you may currently have.

<input type="checkbox"/> Allergies	<input type="checkbox"/> Sports injury
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Bruises
<input type="checkbox"/> Migraines	<input type="checkbox"/> Varicose veins
<input type="checkbox"/> Heart Conditions	<input type="checkbox"/> Recent Surgery
<input type="checkbox"/> Spinal Problems	<input type="checkbox"/> Currently Pregnant? Due Date: _____
<input type="checkbox"/> Smoke	<input type="checkbox"/> Others, please specify _____

Please explain any checked above:

Massage therapy is not a substitute for medical examination or diagnosis. It is recommended that I see a physician for any physical ailment that I may have. I understand that the massage therapist does not prescribe medical treatments or pharmaceuticals and does not perform any spinal adjustments. I am aware that if I have any serious medical diagnosis, I must provide a physician's written consent prior to services.

(Continue on next page)



(Continue from previous page)

CLIENT INTAKE/CONSULT FORM

Type of massage you are requesting

(Please circle one below):

60 MINS 90 MINS 2 HOURS

Swedish/Relaxation

Deep Tissue

Trigger Point

Signature Massage

Hot Stone

Areas of pain/tension: _____

Areas to be avoided: _____

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The licensee shall drape the breasts of all female clients and not engage in breast massage of female clients unless the client gives written consent before each session involving breast massage.

Draping of the genital area and gluteal cleavage will be used at all times during the session for all clients.

The licensee must immediately end the massage session if a client initiates any verbal or physical contact that is sexual in nature.

If the client is uncomfortable for any reason, the client may ask the licensee to end the massage, and the licensee will end the session. The licensee also has a right to end the session if uncomfortable for any reason.

Client Signature: _____

Date: _____

(Parent or Guardian if under the age of 17)

To be completed by the Licensee/ Practitioner:

Type of massage service/technique to be used: _____

S _____

O _____

A _____

P _____

Licensee/ Practitioner

Date:

Signature: _____

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