CLIENT INTAKE/WAIVER

Updated 10/25/2021

NAME: _____ **DATE OF BIRTH:** _____

PHONE: _____ **EMAIL:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP** _____

The following information will be used to assist your therapist plan a safe and effective massage:

Have you had a therapeutic massage before? YES ☐ NO ☐

Do you have any known allergies to creams, lotions ointments or body oils? YES ☐ _____ NO ☐

Do you have difficulty laying on your back, stomach or side? YES ☐ _____ NO ☐

Do you perform any repetitive motions at work, playing sports, etc? YES ☐ _____ NO ☐

Is there an area of your body where you are experiencing pain, discomfort, stiffness or tension? YES ☐ NO ☐

If YES, please describe: _____

MEDICAL HISTORY

To plan a massage session that is safe and effective we need some general information about your medical history. Please check and provide details for any condition listed below that applies to you:

☐ Skin condition: _____
Is it contagious? YES ☐ NO ☐
☐ Open sores or wounds
☐ Bruises easily
☐ Recent accident or injury: _____
☐ Recent surgery: _____
☐ Artificial Joint: _____
☐ Rotator cuff issues
☐ Swollen glands: _____
☐ Allergies: _____
_____
☐ **Pregnancy**-how many weeks? _____

☐ High or low blood pressure
☐ DVT/blood clots
☐ Osteoporosis
☐ Epilepsy
☐ Headaches/Migraines
☐ Fibromyalgia
☐ Diabetes
☐ Decreased sensation/Neuropathy: _____
☐ Back/Neck issues: _____
_____
☐ Joint disorder/Rheumatoid Arthritis/Osteoarthritis/Tendonitis:
_____

☐ Cancer: _____
☐ Auto Immune disease: _____
_____
☐ Heart Condition: _____
_____
☐ Carpel Tunnel
☐ TMJ
☐ Tennis Elbow

PLEASE READ AND INITIAL

_____ If I experience pain or feel uncomfortable during the session, I will immediately inform my therapist.

_____ I understand if I request a technique, or focus area to be treated, that is outside the scope of the therapist's normal massage, I will have to sign an additional consent form.

_____ I understand that the service I receive today is not a substitute for medical care.

_____ I affirm that I have informed my therapist of all known medical conditions and injuries, and I agree to inform them of any changes to my health and medical conditions for future appointments.

In general, therapeutic massage is given while the client is unclothed. However, you may choose to wear undergarments if this will make you more comfortable.

Please feel free to ask your therapist any questions before, during and after your session.

Informed written consent must be provided by a parent or legal guardian for any client under the age of 18. The parent or guardian must stay for the session.

Signature of Client, Parent or Guardian: _____ Date: _____

Therapist's Signature: _____ Date: _____