

Trinity Massages LLC

Body. Mind. Spirit

Massage Intake Form - CONFIDENTIAL INFORMATION

WELCOME! I would like to make your appointment as pleasant and comfortable as possible. If at any time you have questions regarding your session, or something isn't right please let me know.

Name _____ Date of birth _____

Address _____ City _____

state _____ Zip _____ Cell Phone _____

Work Phone _____ Occupation _____

Email Address _____

Do you give me permission to contact you? (Check all that apply)

_____ USPS Mail _____ Phone Call _____ Email _____ Text _____

How did you hear about my services ? _____

Have you ever received massage therapy? _____ Yes _____ No

Type of massage experienced (Swedish, hot Stone, deep tissue, Cupping etc.)

Are you currently taking any medications? _____ Yes _____ No

If yes, please list name and reason for medications _____

Are you currently seeing a healthcare professional? _____ Yes _____ No

If yes, please list provider names and reason/treatment _____

What specific areas would you like for me to focus on ? _____

Circle the any of the following regions that you are uncomfortable with or do NOT want massaged:

Gluteal Region Pectoral Region Face/Scalp Feet Other: _____

Do you have any of the following today: (check any that apply)

_____ skin rash _____ cold/flu _____ open cuts _____ severe pain

_____ injuries/bruises _____ anything contagious - Specify: _____

Do you have any allergies to: (check any that apply)

_____ medications _____ foods (nuts, etc.) _____ environmental allergens
(dust, pollen, fragrances, etc.) _____ reactions to skin care products _____
other _____

If any of the above are checked, please give details: _____

Are you wearing: (check any that apply) _____ contact lenses _____ hearing aid _____ hairpiece

Please review this list and check those conditions that have affected your health either recently or in the past. Place a check mark next to the condition.

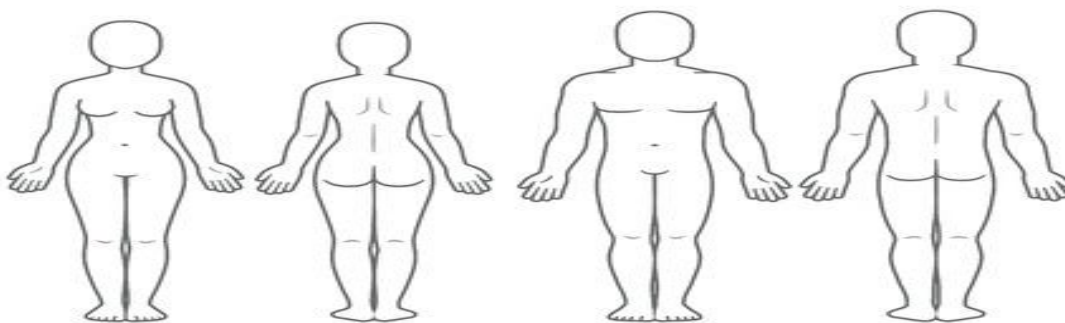
- | | |
|---|--|
| <input type="checkbox"/> arthritis | <input type="checkbox"/> depression, panic disorder, other psych condition |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> diverticulitis |
| <input type="checkbox"/> blood clots | <input type="checkbox"/> headaches |
| <input type="checkbox"/> broken/dislocated bones | <input type="checkbox"/> heart conditions |
| <input type="checkbox"/> bruise easily | <input type="checkbox"/> back problems |
| <input type="checkbox"/> cancer | <input type="checkbox"/> high blood pressure |
| <input type="checkbox"/> chronic pain | <input type="checkbox"/> insomnia |
| <input type="checkbox"/> constipation/diarrhea | <input type="checkbox"/> muscle strain/sprain |
| <input type="checkbox"/> hepatitis (A, B, C, other) | <input type="checkbox"/> pregnancy |
| <input type="checkbox"/> skin conditions | <input type="checkbox"/> scoliosis |
| <input type="checkbox"/> stroke | <input type="checkbox"/> seizures |
| <input type="checkbox"/> surgery | <input type="checkbox"/> whiplash |
| <input type="checkbox"/> TMJ disorder | <input type="checkbox"/> chemical dependency (alcohol, drugs) |
| <input type="checkbox"/> auto-immune condition** | |

(**AIDS, fibromyalgia, chronic fatigue, lupus, etc. Please specify below.)

If there is anything else to share, please do so: _____

If any of the above are checked, please give details: _____

Please indicate with an (X), if any, the areas in which you are feeling discomfort:



What are your goals/expectations for this therapy session?

The following sometimes occurs during massage. They are **normal** responses to relaxation. Trust your body to express what it needs to:

- *need to move or change position
- *sighing, yawning, change in breathing stomach gurgling *
- emotional feelings and/or expression
- movement of intestinal gas
- * energy shifts
- * falling asleep
- * memories

Please read the following information and sign below:

1. I understand that although massage therapy can be very therapeutic, relaxing and reduce muscular tension, it is not a substitute for medical examination, diagnosis and treatment.
2. Being that massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully.
3. I am aware that after some types of massage some muscle soreness can occur and is normal.
4. I understand that any illicit or sexually suggestive remarks or advances made by me will result in **immediate termination** of the session and session will be **paid in full**. I also understand the Licensed Massage Therapist reserves the right to refuse or terminate anyone whom she considers to have a condition for which massage is contraindicated

Cancellation/reschedule policy:

Booking a session with me, you agree to my policies. All policies are posted on my website as well.

1. Cancel / reschedule your appointment with at least 24 hours notice: no charge
2. Cancel / reschedule your appointment within 24 hours of your appointment for any reason: non-refundable deposit is kept and no longer good for appointment . You can avoid this by sending someone in your place(they must keep appointment)! If you are able to fill this appointment: no charge and deposit rolls over to your new booking.
3. No show / No notice: If you do not show up for any reason, with no notice, you will be charged full price of the session booked.
4. If you are late for your scheduled session; your session starts without you. You will receive the remaining time you scheduled, but will pay for the full time slot booked. Arrive early so that your session can start on time.
5. You must keep a valid card on file in order to book appointments, failure to do so with result in your appointment not being held.

Signature: _____ Date: _____

Print Name: _____