



# Anna Jean's Massage LLC

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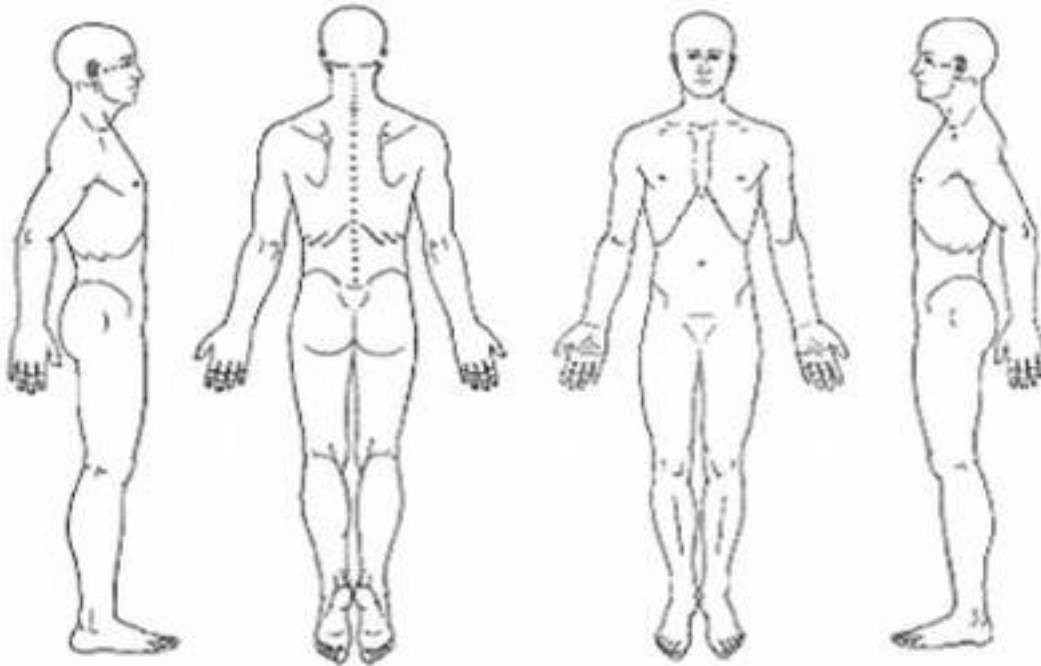
## CONFIDENTIAL CLIENT INTAKE FORM

Name	Date of Birth	Referred By
Street	Phone/Cell Day	Phone/Cell Eve
City	State                      Zip	E-Mail Address
Occupation	Emergency Contact	Emergency Phone

### Health Intake

Do you wear contacts?    Yes    No            If yes, would you like to take them out for the massage?    Yes    No
Do you struggle with/or been diagnosed with any cardiovascular conditions?    Yes    No            Please explain if yes. (Examples High/Low Blood Pressure, Pacemaker, etc...)
Have you ever been diagnosed with cancer?    Yes    No            Please explain if yes.
Major illnesses or other hospitalizations
Surgeries, Injuries/accidents still affecting you
Do you have any allergies, bruises or sores that I need to be aware of?    Yes    No    Please explain if yes.
Do you have any inflammation?    Yes    No            Please explain if yes. (Examples Arthritis, Tendinitis, Bursitis, Sprains, Strains, etc...)
Is there any chance/or are you pregnant?    Yes    No
List current medications (include aspirin, ibuprofen and herbal remedies)
What results do you want from your massage session?

Please identify current problem areas in your body by marking on the correlating areas on the figures below.



Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Informed Consent and Waiver

### Massage Patient Information and Informed Consent Form

1. I understand that massage body workers are not medical doctors and do not diagnose illness, disease, or any physical or mental disorder. I acknowledge that massage therapies are not substitutes for medical treatment, and that Anna Jean's Massage LLC, recommends I see a primary healthcare provider for that service. I understand that it is my responsibility to communicate with my Licensed Massage Therapist (further known as LMT) if I have concerns or questions about my session. I do not have any injuries or conditions that would prevent me from receiving a massage, nor have I been told by a health care provider that I should not receive massages or alternative therapies.
2. I understand and accept that there are live cameras recording in common areas to ensure the safety of both myself and the LMT. I also understand that there are no pictures taken or recording cameras in the privacy of the massage room or restroom.
3. I understand that massage therapy and body work services are a therapeutic health aid and are non-sexual. I understand my LMT reserves the right to end a therapy session in the case of sexual innuendo or advances from myself. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the massage, and I will be liable for full payment of the scheduled session.
4. Any information exchanged during a massage or body work session is confidential and is only used to provide me with the best health care services available. I understand that a LMT will ask me questions about my health history in full detail.
5. I understand that my feedback is essential in my treatment, and that if I experience any unusual discomfort and/or pain during my massage session, it is my responsibility to inform the massage therapist right away in order to enable the LMT to adjust the pressure or technique being used.
6. I understand I must be present (not under the influence of drug or alcohol). If I am taking prescriptive medication prescribed to me by my doctor, I will inform the LMT so that the therapist can be aware of potential additional side effects.
7. The LMT reserves the right to decline, discontinue, or restrict services based on any provided information that may indicate that massage therapy would put my health or the LMT's health at risk.
8. I understand that payment is expected at the time of each session.
9. I acknowledge that I am responsible to be on time for my appointments and that the LMT is not under any obligation to extend my therapy session. I also agree that I am responsible to pay for the full time I have booked with the LMT regardless if I am late or choose to end the session early. I understand that my appointment time is reserved for me only. If I miss an appointment or am unable to give twenty four (24) hours' notice when I need to change or cancel my appointment, I agree to pay the company a cancelation fee in full which could equal up to the full price for the booked appointment time. I further understand that I will be additionally charged \$30.00 for any returned checks.
10. I understand that massage therapy and body work are for the purposes of stress reduction, relief from muscular tension and spasm, general relaxation and improvement of circulation and energy flow.
11. I understand that the massage therapist does not prescribe medical treatment of pharmaceuticals, nor does she perform any spinal manipulations.
12. I understand that service offered today, and in the future, are not a substitute for medical care and that any information provided to me by the massage therapist is purely for educational purposes and is not diagnostically prescriptive in nature.
13. I have stated all of my known medical conditions on the Client Intake form. I have consulted a medical doctor or licensed medical health care practitioner regarding any checked or described conditions.
14. I understand that it is solely my responsibility to keep the massage therapist updated on any changes in my physical health and I further understand that the company and the massage therapist shall not be liable for any purpose and for any reason whatsoever, should I fail to do the needful as per this paragraph.
15. I have reviewed this form in its entirety and I have discussed all my concerns regarding my treatment with my therapist.

#### ACKNOWLEDGEMENT SECTION

#### CLIENT:

By signing this "Confidential Client Intake Form" and "Informed Consent and Waiver", I consent to receive therapy by Anna Jean's Massage LLC and hereby agree to all policies of Anna Jean's Massage LLC, and waive and release Anna Jean's Massage LLC, from any and all past, present, and future liability, loss, cost, claim, or damage whatsoever which may be imposed upon Anna Jean's Massage LLC relating to massage therapy and body work; including but not limited to Swedish, reflexology, acupressure, all forms of kinesiology, hot stones and hydrotherapy, aromatherapy, craniosacral therapy, myofascial release therapy, trigger point therapy, stretching therapy, strength and conditioning training, amongst others. I further undertake to indemnify and hold Anna Jean's Massage LLC (and/or any of its members or employees) harmless from any incident(s) arising from my use of Anna Jean's Massage LLC's services.

I agree to and acknowledge the forgoing on this day,

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)