

Massage Intake Form

Personal Information

Name _____ Phone (day) _____ (evening) _____
Address _____ City/State/Zip _____ DOB _____
Occupation _____ Employer _____
Email _____ Primary Physician _____
Emergency Contact _____ Relationship _____ Phone _____
How did you hear about us? _____

Medical Information

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

Are you currently pregnant? ☐ yes ☐ no
If yes, how far along? _____
Any high risk factors? _____

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? ☐ yes ☐ no
If yes, please list: _____
Please indicate any of the following that apply to you.

- | | |
|--|---|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart Attack |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Dysfunction |
| <input type="checkbox"/> Joint Replacement(s) | <input type="checkbox"/> Blood Clots |
| <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Numbness |
| <input type="checkbox"/> Neuropathy | <input type="checkbox"/> Sprains or Strains |

Explain any conditions you have marked above:

Massage Information

Have you had a professional massage before? ☐ yes ☐ no
What type of massage are you seeking?

☐ Relaxation ☐ Therapeutic/Deep Tissue

Other _____

What pressure do you prefer?

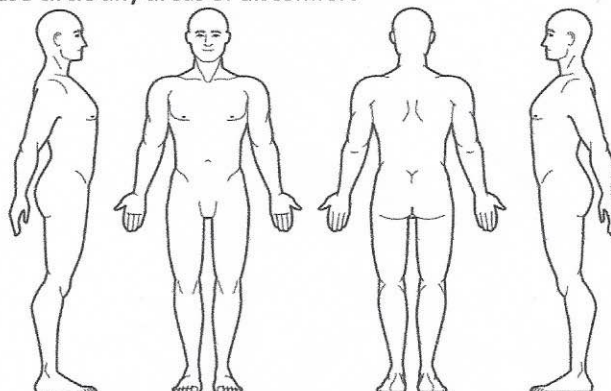
☐ Light ☐ Medium ☐ Deep

Do you have any allergies or sensitivities? ☐ yes ☐ no
Please explain _____

Are there any areas (feet, face, abdomen, etc.) you do not want massaged? ☐ yes ☐ no
Please explain _____

What are your goals for this treatment session?

Please circle any areas of discomfort



By signing below, you agree to the following.
I have completed this form to the best of my ability and knowledge
and agree to inform my therapist if any of the above information
changes at any time.

Client Signature _____ Date _____

Therapist Signature _____ Date _____

General Liability Release Form

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.
- 3) I understand that the massage therapist does not diagnose illnesses or injuries, or prescribe medications.
- 4) I have clearance from my physician to receive massage therapy.
- 5) 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 company and the individual massage therapist from all liability concerning these injuries that may occur during the massage session.

- 6) I understand the importance of informing my massage therapist of all medical conditions and medications I am taking, and to let the massage therapist know about any changes to these. I understand that there may be additional risks based on my physical condition.
- 7) 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.
- 8) I understand that I or the massage therapist may terminate the session at any time.
- 9) I have been given a chance to ask questions about the massage therapy session and my questions have been answered.

Signature

Date

Personal Training Program

Informed Consent & Liability Release

Client Contact Information:

Name: _____ Phone(c): _____

General Statement of Program Objectives and Procedures:

I understand that this physical fitness program includes exercises to build the cardiorespiratory system (heart and lungs), the musculoskeletal system (muscle endurance and strength, and flexibility), and to improve body composition (decrease of body fat in individuals needing to lose fat, with an increase in weight of muscle and bone). Exercise may include aerobic activities (treadmill, walking, running, bicycle riding, rowing machine exercises, group aerobic activity, swimming and other aerobic activities), callisthenic exercises, and weight lifting to improve muscular strength and endurance and flexibility exercises to improve joint range of motion.

Description of Potential Risks:

I understand that the reaction of the heart, lung, and blood vessel system to exercise cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during or following exercise which may include abnormalities of blood pressure or heart attacks. Use of the weight lifting equipment, and engaging in heavy body calisthenics may lead to musculoskeletal strains, pain and injury if adequate warm-up, gradual progression, and safety procedures are not followed. I understand that personal trainer (seller) shall not be liable for any damages arising from personal injuries sustained by client (buyer) while and during the personal training program. Client (buyer) using the exercising equipment during the personal training program does so at his/her own risk. Client (buyer) assumes full responsibility for any injuries or damages which may occur during the training.

I hereby fully and forever release and discharge personal trainer (seller), its assigns and agents from all claims, demands, damages, rights of action, present and future therein.

I understand and warrant, release and agree that I am in good physical condition and that I have no disability, impairment or ailment preventing me from engaging in active or passive exercise that will be detrimental to heart, safety, or comfort, or physical condition if I engage or participate (other than those items fully discussed on health history form).

I state that I have had a recent physical checkup and have my personal physician's permission to engage in aerobic and/or anaerobic conditioning.

Description of Potential Benefits:

I understand that a program of regular exercise for the heart, lungs, muscles and joints, has many benefits associated with it. These may include a decrease in body fat, improvement in blood fats and blood pressure, improvement in physiological function, and decrease in heart disease.

I have read the foregoing information and understand it. Any questions which may have occurred to me have been answered to my satisfaction.

X _____



Data Collection Sheet

NAME: _____ DATE: _____

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

	Questions	Yes	No
1	Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?		
2	Do you feel pain in your chest when you perform physical activity?		
3	In the past month, have you had chest pain when you were not performing any physical activity?		
4	Do you lose your balance because of dizziness or do you ever lose consciousness?		
5	Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
6	Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?		
7	Do you know of <u>any</u> other reason why you should not engage in physical activity?		

If you have answered "Yes" to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered "Yes" to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.