Custom Massage Green Valley

Client Intake Form (ver 2)

Please complete this form so your session can be tailored safely and comfortably. Information provided will be handled confidentially.

Client Name: _____ Phone: _____ Email: _____

Birthdate or Age (optional): _____ Emergency Contact Name/Phone: _____

Treatment Goals and Preferences

☐ Relaxation / Stress Relief ☐ Pain Relief ☐ Increased Mobility / ROM ☐ Sports Recovery ☐ General Wellness

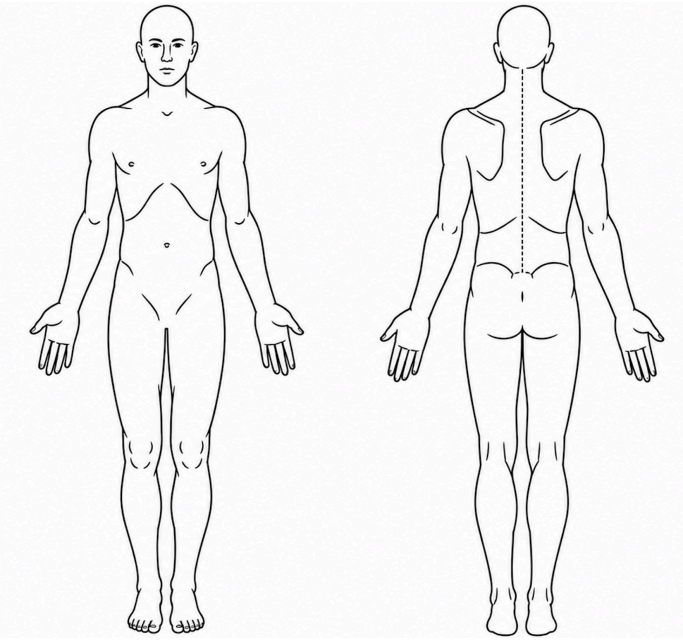
☐ Headache / Neck Tension ☐ Other: _____ Preferred Pressure: ☐ Light ☐ Medium ☐ Firm ☐ Deep

Areas to focus on: _____ Areas to avoid: _____

How would you like your therapist to check in about pressure? ☐ Ask me periodically ☐ I will speak up if needed

BODY AREA DIAGRAM

Mark areas of pain, tension, numbness, or areas you want addressed.



QUICK HEALTH SCREENING

Check only what applies now or may affect massage:

☐ Current injury or significant pain
☐ Recent surgery or medical procedure
☐ Pregnancy
☐ Blood thinner medication or bleeding disorder
☐ Bruising, swelling, inflammation, or clot concern
☐ Skin condition, rash, infection, or open wound
☐ Numbness or reduced sensation
☐ Fever, illness, or contagious condition
☐ Other health condition or concern

Please explain any item checked:

_____
_____
_____
_____
_____

Other relevant medical history or concerns: _____
_____

Acknowledgments and Consent

Are you aware of any current condition or circumstance that could make massage unsafe or require treatment to be modified? ☐ No ☐ Yes, please explain: _____

- I understand that massage therapy is for relaxation and therapeutic purposes and is not a substitute for medical diagnosis or treatment.
- I may request a change in pressure, technique, music, temperature, or positioning, or stop the session at any time.
- Proper draping and professional boundaries will be maintained at all times. Only the area being treated will be uncovered.
- If I am not satisfied with the service within the first 15 minutes of my session, I may end the session without charge. After the first 15 minutes, I am responsible for the full scheduled session fee.

I certify that the information I have chosen to provide is accurate to the best of my knowledge. I understand that withholding relevant health information may limit my therapist's ability to safely and appropriately modify treatment. I am responsible for informing my therapist of any condition or circumstance that could make the massage unsafe or require the massage to be modified. I consent to receive massage therapy.

Client Signature: _____ Date: _____

I would like to receive occasional promotions or wellness updates: ☐ Yes ☐ No