

Clinton Kyles, CMT

Massage Intake Form

Personal Information

1. Legal First and Last Name: _____
2. Contact Phone Number: _____
3. Contact Email Address: _____
4. Date of Birth: _____
5. Occupation: _____
6. Primary or Referring Physician: _____

Emergency Contact

7. Emergency Contact Name: _____
8. Emergency Contact Number: _____
9. Emergency Contact Relationship: _____

Medical Information

10. Are you taking any medications? YES / NO *
If yes, please explain:

11. Do you have any allergies or skin allergies?
If yes, please explain:

12. Are you currently pregnant? YES / NO *
If yes, how far along? Any high risk factors?

13. Do you suffer from chronic pain? YES / NO
If yes, please explain:

What makes it better? What makes it worse?

14. Have you had any surgeries? YES / NO
If yes, please explain:

Please indicate any of the following that apply to you:

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Joint Replacement	<input type="checkbox"/> Fibromyalgia
<input type="checkbox"/> Cancer	<input type="checkbox"/> Headaches or Migraines	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Heart Attack	<input type="checkbox"/> Kidney Dysfunction	<input type="checkbox"/> Blood Clots
<input type="checkbox"/> Numbness	<input type="checkbox"/> Sprains or Strains	NONE

Massage History

16. Have you had a professional massage before? YES / NO *

17. What relief style are you seeking? *

- Therapeutic / Relaxing
- Deep Tissue
- Sport / Medical Massage
- Thai / Stretching
- Pregnancy

18. What pressure do you prefer? *

- Light
- Medium
- Firm

19. What are your goals for this treatment session?

20. What zones would you like to target most? *

Feet and Calves

Quads and Hips

Low Back and Glutes

Back and Shoulders

Arms and Hands

Abdominal and Ribcage

Chest and Clavicle

Neck and Skull

28. Please note any areas to avoid:

29. Which do you prefer? *

Oil Lotion Therapist Choice Will Supply Product

30. Music Preferences:

Ambient / Dreamy

Downtempo / Chillstep

Ocean & Piano

Worldly / Variety

Top 40 / Hits

I Will Provide My Own Music

COVID-19 Agreement

By signing below, I agree to each statement above and release Clinton Kyles, CMT from any and all liability for unintentional exposure or harm due to COVID-19. I understand that, because massage therapy work involves sustained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive massage and bodywork from this practitioner.

Release of Liability

I understand that the massage I receive is for the purpose of stress reduction and relief from muscular tension, spasm, or pain and to increase circulation. If I experience any pain or discomfort (pressure, temperature, etc.), I will immediately inform the therapist so that the pressure or methods can be adjusted to my comfort level. I do not hold the therapist responsible if I fail to do so.

I realize that this massage is therapeutic (or medical) and non-sexual in nature. Any inappropriate behavior on my part will result in an immediate termination of the session and I will be responsible for paying the full session cost.

I understand that massage professionals do not diagnose illness or disease or perform any high-velocity adjustments, nor do they prescribe any medical treatments, and nothing said or done during the session should be construed as such. I acknowledge that massage is not a substitute for medical examination or diagnosis and that I should see a health care provider for those services. Because massage should not be performed under certain circumstances, I agree to keep the massage practitioner updated as to any changes in my health profile, and I release the massage professional of any liability if I fail to do so. If I am feeling ill, I will postpone my appointment until I am feeling better.

I agree to use electronic records and signatures. By signing below, I agree to the terms above and attest the information provided is true and accurate. *

Signature: _____

Date: _____