Infinite Healing
A Holistic Mobile Spa
Massage Client Intake and Consent Form

Name_____ Today's Date_____

Date of Birth_____ Occupation_____ Email_____

Primary reason for service request_____

Emergency Contact_____ Emergency Contact Phone_____

Please answer the following as they apply to you (Circle where indicated)

Have you had a professional massage before? Yes No

Are you currently taking any medication? Yes No

If yes, please list name(s) and reason(s) for medication(s)_____

_____

_____

Are you currently seeing a healthcare professional? Yes No

If yes, please list names and reason/treatment_____

_____

_____

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.

____arthritis
____diabetes
____blood clots
____broken/dislocated bones
____bruise easily
____cancer
____chronic pain
____constipation/diarrhea
____auto-immune condition*
____hepatitis (A,B,C, other)
____skin conditions
____stroke
____poor circulation
____TMJ
____depression, panic disorder, other psych condition
____headaches
____heart condition(s)
____back problems
____high blood pressure
____insomnia
____muscle strain/sprain
____pregnancy
____scoliosis
____seizures
____whiplash
____varicose veins

*AIDS, fibromyalgia, chronic fatigue, lupus, etc.

I, _____(print name) understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for a medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's or Infinite Healing's part should I fail to do so.

Signature of client _____ Date _____

Signature of Massage Therapist_____ Date_____