



Client Information

All personal information you provide is protected under HIPAA.

Today's Date: ____/____/____

Therapist Initials: _____

Name _____ Birth Date ____/____/____ Phone Number(s): _____

Address _____ City _____ State _____ Zip _____

E-mail address _____ Occupation _____

EMERGENCY Contact Name/Phone # _____ Physician/PA/PT _____

How did you hear about us? (CIRCLE all that apply) * **Gift Certificate** * **Brochure** * **Cabin** * **Internet**

* **Work** * **Today's Deal** * **Drive By** * **Facebook** * **Donation(event name)** _____

* **Referral** (name) _____ * **Health Professional** * * **Other** _____

** Under certain conditions, massage/bodywork may be **contraindicated**.*

*In some cases, **written approval** from your primary care provider **may be required** prior to service.*

***Please be thorough** on this intake form and notify your therapist of any **changes in condition**. **

Have you ever experienced a professional massage or bodywork session? ☐ Yes ☐ No How recently? _____

What kind of pressure would you prefer? ☐ light ☐ medium ☐ firm

Is there anything specific that you are wanting/needing from your session? _____

Please check any condition(s) that you have **CURRENTLY** with a (✓) Please mark **P** if you've had in the **PAST**.

____ High Blood Pressure

____ Heart Attack / Stroke

____ Low Blood Pressure

____ Diabetes

____ Varicose Veins

____ Blood Clots

____ Osteoporosis

____ Contact Lenses

____ Arthritis

____ Headaches

____ Epilepsy or Seizures

____ Depression

____ Scoliosis

____ Surgeries(inc. dates)

details _____

(use back if you need more room)

____ Muscle Sprain / Strain

details _____

____ Paralysis of any kind

details _____

____ Bursitis

location _____

____ Numbness / Tingling

location _____

____ Skin Infections

details _____

____ Recent Botox or Collagen

dates _____

____ Allergies

specify _____

____ Pregnant *

Due Date _____

____ Contagious Conditions

(Hepatitis, Tuberculosis etc.)

specify _____

____ Injuries (broken bones etc.)

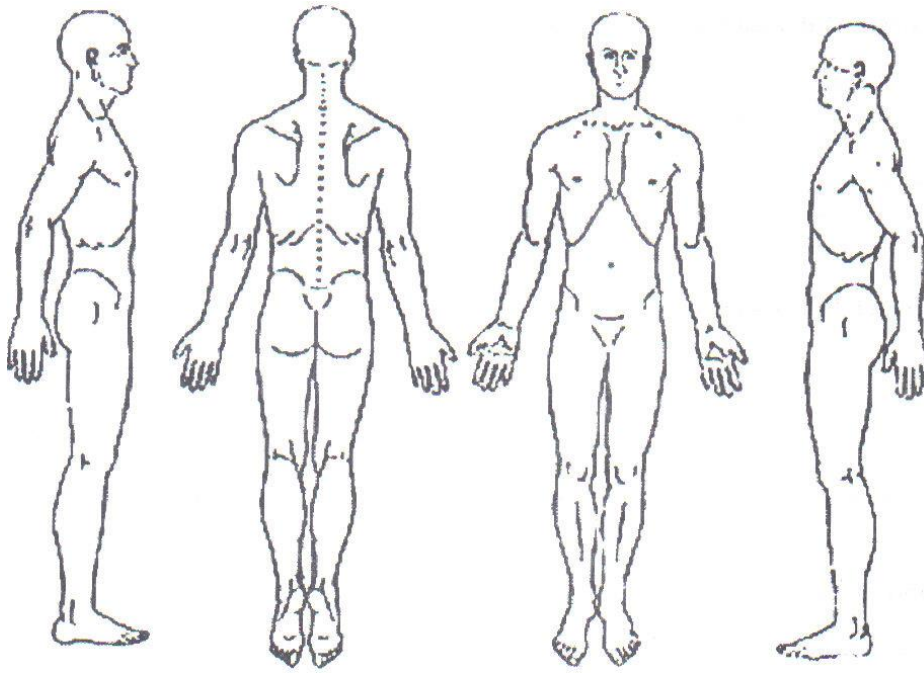
location _____

____ Currently on Medication

details _____

PLEASE TURN OVER →

Please circle areas of focus.



Other significant health conditions?

Comments _____

Client Consent:

* I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during my session, **I will immediately inform the practitioner** so that the pressure and/or strokes may be adjusted to my level of comfort.

* Because massage/bodywork 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 practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

* I further understand that massage & bodywork **should not be construed as a substitute for medical diagnosis**, examination, or treatment and that I should see a physician, or other qualified medical specialist for any physical/mental illness. and nothing said in the course of the session given should be construed as such.

* I understand that **any illicit or sexually suggestive remarks or behavior made by me will result in immediate termination of the session**, and I will be liable for payment of the session.

Client Policies: We charge 50% of the cost of services booked if we receive less 24 hours cancellation notice. There is a 100% charge if you do not show up for an appointment. Late arrivals will be charged the full amount for of a scheduled services. We respect your time & we thank you for respecting ours. We have a fee for debit and credit card use. There is no fee for check or cash payments.

* Client Signature _____

Date ____/____/____

** Signing this form is an agreement that you have read, understood & will comply with the above consents & policies, and that you have provided us with all the medical information requested.*