



Client Intake & Informed Consent

Please complete all questions to the best of your ability.

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

_____ eMail: _____

Date of Birth: _____ Marital Status: Single Married Divorced

Occupation: _____ Referred by: _____

Emergency Contact: _____ Phone: _____

Have you ever had a professional massage? YES / NO If "yes", how long ago? _____

What is the reason you currently seek therapeutic massage? _____

Please answer the following with "YES" or "NO".
Explain if necessary

Skin Problems _____ Arthritis _____ High/Low Blood Pressure _____

Blood Clots _____ Diabetes _____ Varicose Veins _____

Seizures _____ Pregnant _____ Circulatory Disorders _____

Contact Lens _____ Cancer _____ Contagious diseases _____

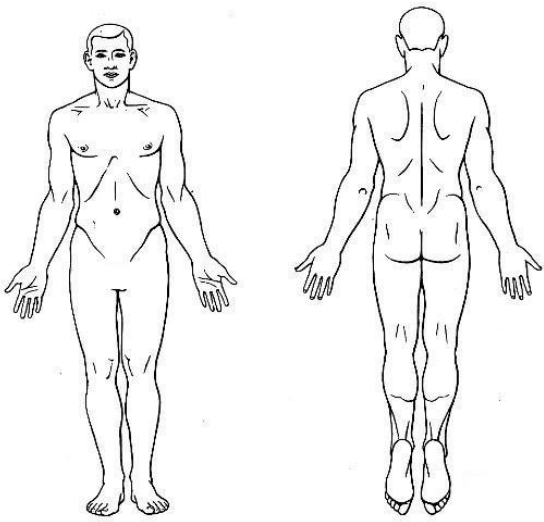
Explain any "YES" answers _____

Current Medications: _____

Allergies: _____

Please list any other medical conditions, major illnesses, broken bones, surgeries, or accidents in the past 5 years: _____

(continued on back)



Please mark areas of *TENSION, STRESS, or PAIN* you are experiencing on the figures to the left.

The following areas may be massaged unless you notify me otherwise: Head Face Neck Shoulders
Back Chest Arms Hands Abdomen Buttocks
Pelvis(not genitals) Legs Feet

Please Initial _____

- I understand that the Massage/Bodywork I receive is provided for the purpose of relaxation, stress reduction, relief of muscle tension, increased range of motion, improved circulation, and to offer a positive experience of touch. **INITIALS** _____
- If I experience any pain or discomfort at any time during my session, I will immediately inform the therapist so that pressure or strokes may be adjusted to my comfort level. My comfort is of utmost importance to my therapist. **INITIALS** _____
- I understand that Massage/Bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailments that I am aware of. I also understand that my therapist is not qualified to perform any spinal or skeletal adjustments. **INITIALS** _____
- I understand that since Massage should not be performed under certain medical conditions, I have made the therapist fully aware of my complete medical history and will update my therapist should any changes in my medical condition take place. **INITIALS** _____
- I understand that massage IS NOT intended for sexual gratification. I do not expect any form of sexual service from the therapist. Furthermore, any illicit or sexually suggestive remarks or advances made will result in immediate termination of the session, and I will be liable for payment of the "full" scheduled appointment. **INITIALS** _____

To the best of my knowledge, the information I have provided is accurate and true. The massage therapist has reviewed this information and has explained draping procedures. I understand that if at any time I am uncomfortable with the massage or any techniques being used I can ask the therapist to stop, change techniques, or end the session.

Client Signature: _____ Date: _____