



Client Intake Form

Name: _____ Sex: Male Female

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Daytime Phone #: _____ Evening Phone #: _____

Social Security #: _____ Driver's License #: _____

Date of Birth: _____ Occupation: _____

Marital status: Single Married

Name of Spouse/Significant Other: _____

Insurance Carrier: _____ Policy #: _____

ID #: _____ Group #: _____ Claim #: _____

Adjuster's Name: _____

Adjuster's Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Extension: _____

Time and Date of Insurance Verification: _____

Primary Health Care Provider: _____

Provider's Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Extension: _____

Permission to Consult with Primary Provider? No Yes (please initial if yes)

In Case of Emergency, Please Notify:

Name: _____ Telephone #: _____

Relationship: _____



General and Medical Information

WELCOME! I would like to make your appointment as pleasant and comfortable as possible. If at any time you have questions regarding your session, please let me know.

YES NO Have you ever received massage therapy?
Type of massage experienced (swedish, shiatsu, deep tissue, etc.)

YES NO Do you wear contact lenses?

YES NO Have you ever had surgery? If yes, please explain.

YES NO Are you currently taking any medications? What for?

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
- ___ TMJ disorder
- ___ (*AIDS, fibromyalgia, chronic fatigue, lupus, etc.)

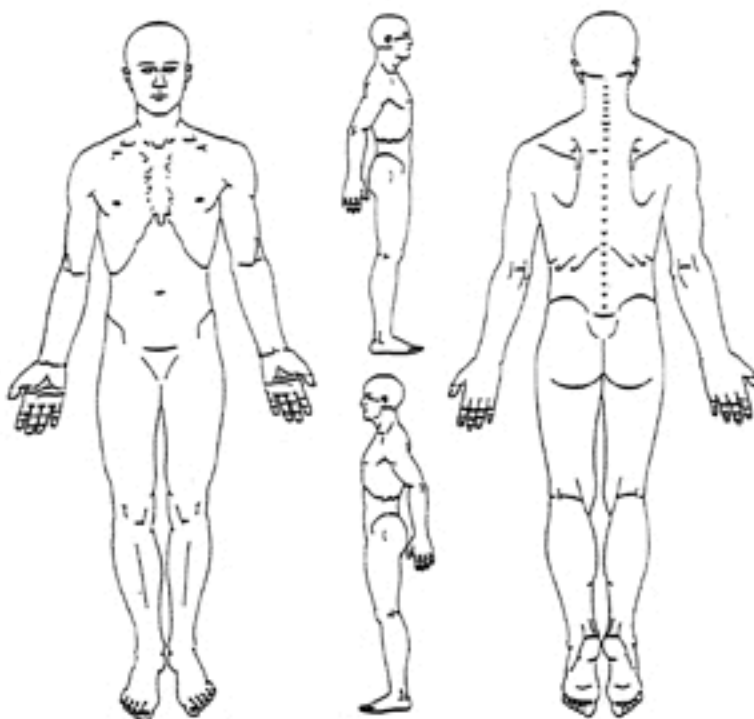
(continued on the next page)



General and Medical Information (continued)

- depression, panic disorder, other psych condition
- diverticulitis
- headaches
- heart conditions
- back problems
- high blood pressure
- insomnia
- muscle strain/sprain
- pregnancy
- scoliosis
- seizures
- whiplash
- chemical dependency (alcohol, drugs)

If any of the above needs to be detailed or if there is anything else to share, please do so: Please indicate with an (X), if any, the areas in which you are feeling discomfort:



YES NO Do you have any allergies to oils (nut oils)creams or lotionsor reactions to skin care products. Please explain:



Client Waiver Form: (Please take a moment to read the following information and sign below)

I understand that massage therapy is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation and energy flow.

If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session. I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness. I affirm that I have notified my therapist of all known medical conditions and injuries. I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so. I understand that massage is entirely therapeutic and non-sexual in nature. Sexual remarks or advances will terminate the session and I will be liable for payment of the scheduled treatment. Being that massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully. By signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to massage therapy and bodywork.

Information and Suggestions:

Prior to your massage, please remove contact lenses and all jewelry. In general, massage is given while you are unclothed. However, you may choose to wear undergarments or a swimsuit. You will be covered with a top sheet throughout your session. This is your massage and you should be as comfortable as possible. Specific types of massage (shiatsu, cranial sacral therapy, reflexology, Thai massage) require loose, comfortable clothing that allow for freedom of motion. Feel free to ask your therapist any questions before, during, or after the session. Your therapist is a highly trained professional and will be happy to make you feel informed and comfortable.

The following responses commonly occur during massage. These responses are normal and may include: moving or changing position, sighing, yawning, change of breathing patterns, stomach gurgling and/or expression movement of intestinal gas, emotional feelings, energy shifts, falling asleep, and memories.

I have received the policy waiver statement, and have read and agree to the policies therein.

Date:

Client's Name:

Therapist's Signature

Client's Signature:

●

●
