

Essential Therapeutic Massage Client Intake Form

Name _____ Occupation _____

Address _____ Email _____

City _____ State _____ Zip Code _____
Date of Birth _____ Best Contact Phone (Cell or Home?) _____

Emergency Contact _____
Name _____ Relationship _____ Phone Number _____

Name of Referral/ How You Found the Massage Center _____

Recent/past injuries or medical treatments: _____

Are you currently under the care of a Chiropractor, Physical Therapist, or Physician for an ongoing issue?
No _____ Yes _____ (Brief explanation) _____

Please check any of the following conditions that have ever or currently apply to you:

Musculo-Skeletal / Where

- ☐ Arthritis _____
- ☐ Back or neck pain _____
- ☐ Broken or Fractured bones: _____
- ☐ Bursitis _____
- ☐ Chest, ribs, abdominal pain _____
- ☐ Disk Herniation _____
- ☐ Dislocation _____
- ☐ Headaches or Migraines _____
- ☐ Hip, leg or foot pain _____
- ☐ Jaw pain or TMJ Disorder _____
- ☐ Plantar Fasciitis _____
- ☐ Osteopenia _____
- ☐ Osteoporosis _____
- ☐ Problems walking _____
- ☐ Scoliosis _____
- ☐ Shoulder, arm or hand pain _____
- ☐ Spasms/Cramps _____
- ☐ Tendinosis _____
- ☐ Wrist or ankle _____

Auto-Immune Disorders

- ☐ Crohn's Disease or IBS _____
- ☐ Diabetes _____
- ☐ Fibromyalgia _____
- ☐ HIV/AIDs _____
- ☐ Lupus _____
- ☐ Muscular Sclerosis _____
- ☐ Rheumatoid Arthritis _____
- ☐ Other _____

Circulatory/Respiratory

- ☐ Circulation Problems _____
- ☐ Heart condition _____
- ☐ Hardware? _____
- ☐ High or low blood pressure _____
- ☐ Stroke (Date) _____
- ☐ Deep vein thrombosis (DVT) _____
- ☐ Varicose veins _____
- ☐ Allergies _____
- ☐ Asthma _____
- ☐ Other: _____

Skin

- ☐ Allergies _____
- ☐ Athlete's Foot _____
- ☐ Rashes _____
- ☐ Skin Disorder _____
- Location: _____
- Sensitive to the touch? _____

Surgeries with Dates & Details

- ☐ Abdominal, Stomach or Hernia _____
- _____
- ☐ Arm, Wrist, Hand _____
- ☐ Heart _____
- ☐ Hip, Leg, ankle, foot _____
- ☐ Joint (Specify) _____
- ☐ Lymph Node Biopsy, Dissect, Removal _____
- ☐ Rotator Cuff /Shoulder(circle) _____
- _____
- ☐ Spine/Fusion _____
- ☐ Other: _____

Nervous System

- ☐ Herpes/shingles _____
- ☐ Numbness/tingling _____
- ☐ Paralysis _____
- ☐ Other: _____

Other (Where/When)

- ☐ Burns _____
- ☐ Cancer 1 _____
- ☐ Cancer 2 _____
- ☐ Hearing Impaired: Right Left _____
- ☐ Hepatitis A B C _____
- ☐ Implants _____
- ☐ Lymphedema _____
- ☐ Pregnancy Due Date _____
- ☐ Swelling _____
- ☐ Tuberculosis When _____
- ☐ Tumor(s) _____
- ☐ Vertigo _____
- ☐ Visually Impaired: Right Left _____
- ☐ Other: _____

Current Medications (or for what conditions are you taking the medication?): _____

Massage Information:

Have you had a professional massage before? ☐ Yes ☐ No If yes, when was your last massage? _____
If yes, how often do you get massages? _____

Which is your preferred massage pressure? ☐ Light ☐ Medium ☐ Firm ☐ Not Sure

Are you sensitive to Essential Oils? ☐ Yes ☐ No Fragrances? ☐ Yes ☐ No If yes, specify: _____

Do you have sensitive skin? ☐ Yes ☐ No If only in specific areas, where? _____

Do you exercise regularly? ☐ Yes ☐ No How much water do you drink? _____

What are your common areas of pain or tension? _____

Consent and Understanding of Client Services and Policies

- I understand that massage therapy is for the purpose of stress reduction, relief from muscular tension and spasm, general relaxation, improvement of circulation and energy flow.
- I understand that Massage Therapy is in no way associated with any type of sexual implication. The Therapist reserves the right to **immediately terminate** any massage should the client engage in sexual innuendo, banter, propositioning, or touch. **The client will also be billed for the full price of the appointment.**
- I understand that the certified massage therapist does not diagnose illness, disease or any other physical or mental disorder. The massage therapist does not prescribe medical or pharmaceuticals, nor do they perform any spinal manipulations. It has been made very clear that massage therapy is not a substitute for medical examination or diagnosis and that it is recommended that I see a physician for any physical ailment that I might have.
- I have stated all my known medical conditions and take it upon myself to keep the certified massage therapist updated on my physical health.

Late Arrivals, Cancellation and No Show Policy

Please show your Licensed Massage Therapist the same respect you would of any Health Care Practitioner, if you are scheduled for a massage session, you are expected to arrive early to allow the session to start and end on time. Please be respectful of your reserved session time and of other clients booked afterwards as you would at your physician's office.

Arrival Time Policy

Arriving 10 minutes prior to your session start time will allow proper time for a brief treatment discussion prior to the session and to ensure that your session will begin on time. So that following clients are not inconvenienced, the session length will be adjusted for late arrivals at a full fee.

Late Arrivals

If you arrive late, your session will end at the originally scheduled time to ensure the clients following your session are not inconvenienced or penalized. If you are more than 15 minutes late, your therapist will then determine if there is enough time remaining to start your treatment or if the session instead would be deemed a late cancellation, to be rescheduled and paid in full. Regardless of the length of the treatment actually given, **you will be responsible for the "full" price of your session.** Out of respect and consideration to your therapist and other customers, **please** plan accordingly and be on time.

Cancellation Policy

If you are unable to make your scheduled appointment a **48 hour advance notice is required** when cancelling an appointment. This allows the opportunity for someone else to schedule an appointment. After the first late cancellation or no show, a credit card is needed to rebook future appointments and you will be charged 100% of the full amount of your missed appointment to the credit card provided. When using a discount card or Gift Certificate, 100% of the session value will be deducted from your r prepaid session(s).

No-shows

Anyone who either forgets or consciously chooses to not show for their appointment for whatever reason will be considered a "no-show." A person who is deemed a "no-show" will be subject to our **Cancellation Policy** as outlined above.

Client Name Printed

Date

Client Signature

Summary of our privacy policies:

The office does not and will not disclose ANY information about our clients at any time without expressly written consent. All medical information is strictly confidential and will only be shared with the client's approval for purposes of referrals and in working with your healthcare professional.