# Massage Intake Form

Date

Name (Last, First, MI)

Date of Birth

## Please indicate conditions that you have or have had in the past.

- ☐ Allergies
- ☐ Arthritis *(Rheumatoid, Osteoarthritis)*
- ☐ Asthma, Shortness of Breath
- ☐ Blood Clots
- ☐ Cancer
- ☐ High/Low Blood Pressure
- ☐ Diabetes
- ☐ Digestive Conditions *(Crohn's, IBD)*
- ☐ Epilepsy, Seizures
- ☐ Fibromyalgia
- ☐ Headaches / Migraines
- ☐ Heat Sensitivity
- ☐ Heart Attack / Stroke
- ☐ Hip/Knee Replacements
- ☐ Implanted Hardware (pins, screws, wires)
- ☐ Infections
- ☐ Injuries / Past Broken Bones
- ☐ Insomnia
- ☐ Immune System Deficiencies
- ☐ Joint Stiffness / Swelling
- ☐ Limited Range of Motion
- ☐ Lupus
- ☐ Neurological *(MS, Parkinson's, Chronic Pain)*
- ☐ Pain, Numbness, Tingling
- ☐ Skin Conditions
- ☐ Surgeries
- ☐ Varicose Veins

Other: _____

## MASSAGE INFORMATION

Have you received a professional massage before?

☐ Yes ☐ No ☐ If yes, when? _____

What kind of pressure do you prefer?

☐ Light ☐ Medium/Firm ☐ Deep

Goal for this Session:

☐ Pain Relief ☐ Relax ☐ Sleep Better

Do you have any allergies or sensitivities to lotions/oils? ☐ Yes ☐ No

Areas of Stress or Pain:

☐ Neck/Shoulder ☐ Legs/Feet ☐ Upper/Lower Back ☐ Head/Jaw

☐ Hands/Arms ☐ Stomach ☐ Glutes (Buttocks)

## CONSENT FOR MASSAGE TREATMENT

Please initial each line and sign at bottom.

___ I have the right to end the massage therapy at any time, if I feel uncomfortable.

___ I understand that any illicit or sexually suggestive remarks, requests, or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

___ Modest draping will be used during the session.

___ If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort.

___ I understand and voluntarily accept any risks which I have been advised about associated with my massage, and hereby release the therapist from all liability for any injury, including, without limitation, personal, bodily, or mental injury, economic loss or any damage to me resulting there from.

___ 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 ailment of which I am aware.

___ I understand that massage/bodywork 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/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 further release liability arising from any such injury or damage resulting from my failure to disclose any pre-existing condition, limitation, or specific sensitivities, or my failure to inform the therapist of any discomfort during the session.

___ The therapist may determine that it is unsafe for me to proceed with or continue therapeutic session due to health related concerns. In this event, I may be required to provide a physician's medical release prior to continuing a session.

___ 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 practitioner's part should I fail to do so.

**Understanding all of this, I give my consent to receive massage therapy.**

_____ _____

Client Signature Date