Client Intake

Client Name: _____ Date of Birth: _____
Address: _____ Occupation: _____
City: _____ Employer: _____
State: _____ Zip Code: _____ Primary Physician: _____
Phone Number: _____ Phone (if known): _____
Email Address: _____
How did you hear about us? _____

Have you ever received a massage before? ____Yes ____No

If female are you currently pregnant? ____Yes ____No Due date_____

_____

Are you looking for (circle): Relaxing Massage Therapeutic Massage (therapy for pain, etc.)

On a scale of 1-10-how much pressure do you usually like during your massage?
(Soft as a feather) 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10 (Give it all ya got!)

On a scale of 1-10-how much noise/talking do you usually like during your massage?
(Keep talking to a minimum) 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10 (I'm a chatterbox!)

Do you have an interest in adding Aromatherapy to your massage? ____Yes ____No

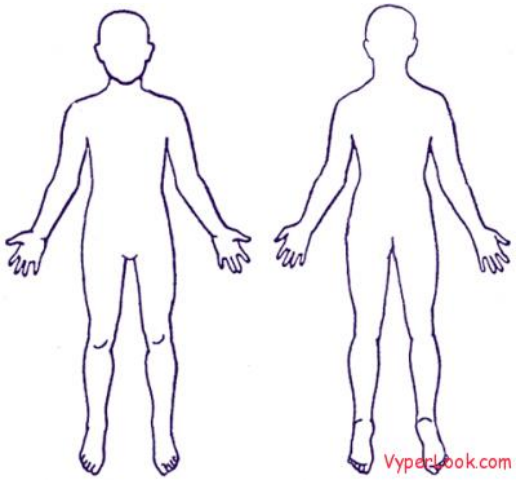
List all allergies and or Sensitivities (oils, nuts, foods, smells, etc.)
_____
_____
_____

Place and "X" if any of the following apply: (mark with a P if you've had past trouble)

__ Headaches or Migraines __ Asthma or Lung Conditions __ Sleep Difficulties
__ Jaw Pain or TMJD __ Sinus Problems __ Cancer
__ Arthritis __ Stress or anxiety __ Kidney Problems
__ Tendonitis __ Heart or Circulatory Problems __ Seizures
__ Sprains or Strains __ Varicose Veins __ Chronic Pain
__ Numbness or Tingling __ High or Low Blood Pressure __ Diabetes
__ Bone Injuries __ Abdominal/Digestive Problems __ Fatigue

Are there any other medical conditions not listed/explained in the above list?
_____
_____
Surgeries: _____
Current Medications: _____
_____

Please indicate with an (X), if any, the areas in which you are feeling discomfort:



FRONT BACK

The general benefits of massage include increased circulation and lymphatic flow, stress reduction, relief from muscular tension, spasm, and/or pain. I understand that massage therapists do not diagnose illness or disease, perform spinal manipulations, nor do they recommend that I see a doctor for those services. Due to certain contraindications and cautions for massage, the therapist must be aware of all existing physical and mental conditions. I have disclosed all such conditions. Any contraindications have been explained to me. I accept that a single massage or massage on a random basis is limited to providing general non-specific benefits. If I choose to receive massage on a regular basis, I will participate in a detailed history and assessment process in order to determine the most effective treatment plan to achieve my goals. I realize that it is my responsibility to update the massage therapist with any changes in my health status each time I receive a massage. I understand that no sexual advances are acceptable within a massage session. Either the client or therapist may, for any reason, terminate the session.

Insurance Massage: If this or subsequent massages are performed with the understanding that insurance will cover all/any costs associated and services are rejected by the insurance company, the below signed will accept financial responsibility for all costs incurred.

Cancellations/late arrivals: We need to receive at least **24 hours notice** if you need to cancel your scheduled massage. We set aside time for each massage, and cancellations at the last minute often result in lost services to our other clients. Please note that the massage will end at the scheduled time, regardless of arrival time. Please be sure to arrive promptly so we can ensure your full time.

Late cancellations/no shows: Please note that our massage therapists are here by appointment. We will make an exception for the first missed appointment, any missed appointments thereafter will result in the full cost of service being billed to the below signed. This policy will be enforced for both cash and insured clients. We thank you for your cooperation and understanding, which will enable us to serve you more efficiently and effectively

_____ _____

Client Signature Date