

NEW CLIENT INTAKE FORM



NAME: _____ **D/O/B:** _____

ADDRESS: _____

CITY/STATE/ZIP: _____

MOBILE #: _____ **WORK #:** _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT #: _____

How did you hear about us? / Who can we thank for sending you in Today? _____

Current Occupation: _____

Are you ticklish or sensitive anywhere on the body? _____

Are you pregnant or planning to be? Yes No, (if yes) **Expected Due Date:** _____

Current Medications (prescription): _____

Have you had a professional massage before? Yes No

Do you have any known allergies or sensitiveness (ex. oils, lotions, ointments)? _____

What are your main reasons for your massage or bodywork today?

Pain Management Relaxation Stress Relief Detoxification

Injury Recovery Injury Prevention Increased Energy Other: _____

Please list any current chronic issues or conditions you may be experiencing: _____

Are you currently under the care of a physician or other health professional? _____

If yes, please describe any known condition, symptoms or current medications: _____

Please describe any surgeries, broken bones, injuries, or major illnesses in the past five years: _____

Are you currently experiencing any of the following conditions?

Recent injury Flu/Cold Fever Inflammation Infection

Open sore / wound Contagious Disease Dizziness / Vertigo Varicose Veins

Please indicate your desired pressure: Light Medium Firm

I _____ understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or technique might be adjusted strokes may be adjusted to my comfort. I further understand that massage and bodywork should not be construed as a substitute for a medical examination, diagnosis or treatment and that I should see a physician, chiropractor or other qualified medical specialists for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners 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 this 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 agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioners part should I fail to do so. So I also understand that any elicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session and I will be liable for payment of the scheduled appointment. Additionally, any elicit or sexually suggestive remarks or actions made by the client will result in the immediate termination of the session and prosecution.

Client Signature

Date

Therapist Signature

Date

Consent to treatment of Minor: my signature below, I hereby authorize _____ to administer __ bodywork, massage therapy techniques to my child or dependent as they deem necessary signature of part a Guardian _____

Date