
Massage Intake Form

Personal Information

Name: _____ Birth date: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____ Home Phone #: _____ Male Female
Occupation: _____ Employer: _____ Work Phone #: _____
Emergency Contact: _____ Relationship: _____ Contact #: _____
Would you like an appointment reminder and if so, what is the best form of contact? Phone Email Text

Wellness Information

Are you currently physically active? Yes or No What activities and how often? _____

List any vitamins or herbs you are taking: _____
Are you currently under any stress? Yes or No Please describe. _____
Do you take time to relax? Yes or No How? _____
Have you ever received massage before? Yes or No When was your last session? _____
What do you hope to achieve during your session? _____

Injury History

Please describe any injury or conditions: _____

Is this condition due to: ___ Accident ___ Work ___ Home ___ Lifting ___ Falling ___ Sports ___ Working
out ___ Other Please describe what happened: _____
Does this injury still affect you today? ___ If yes, How long has this condition existed? _____

Medical Information

Are you currently taking any medications? Please list. _____
Do you have any allergies? Please list. _____
Are you currently under any physician, chiropractor, physical therapist, or psychologist? Yes or No
If yes, please describe. _____
Are there any physical or mental problems that you have been treated for in the past 5 yrs? Please describe.

Have you ever had surgery? Yes or No When was your last exam? _____
Name of Physician: _____ Phone #: _____

Please Check All That Apply

Acne	Chronic Bronchitis	Headaches	Nervousness
AIDS/HIV	Circulatory Problems	Hernia	Paralyses
Anemia	Constipation	Herpes	Plates/screws
Arteriosclerosis	Contact lenses	High Blood Pressure	Pregnant
Arthritis	Cuts or Sores	High Cholesterol	Rash
Asthma	Diabetes	Insomnia	Sinusitis
Athletes Foot	Diarrhea	Low blood pressure	Skin Problem
Back Pain	Dizziness	Joint Pain	SpinalProblems
Broken Bones	Epilepsy	Kidney disease	Stroke
Burns	Fatigue	Liver disorders	Ulcer
Cancers/Tumors	Fractures	Lung disease	Varicose Veins
OTHER:			

CONSENT FOR CARE

-If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

-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 my session(s), I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.

-I further 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 that I am aware of.

-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 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 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 forget to do so.

-It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for the full payment of that session.

CANCELLATION POLICY

-24 hour advance notice is required when cancelling an appointment. This allows the opportunity for someone else to schedule an appointment. If you are unable to give me 24 hours advance notice, you will be charged a \$25 fee. This amount must be paid prior to your next scheduled appointment.

-No-shows - Anyone who either forgets or consciously chooses to forgo their appointment, for whatever reason, will be considered a "no-show" and **charged the full amount for their "missed" appointment.**

-Late Arrivals - If you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, I will try my best to maximize the appointment time. Regardless of the length of the treatment actually given, **you will be responsible for the cost of a "full" session.** Out of respect and consideration to myself and other customers, **please** plan accordingly and be on time.

Signature: _____ **Date:** _____

CLIENT'S FIRST SESSION

Client's Name: _____

Session Date: _____ **Time:** _____ **Duration:** _____ **Cost:** _____

Depth of Pressure: Light to medium Medium Medium to Deep Deep Tissue

Are there any specific areas on the body to be avoided? Yes or No

Are there any areas such as cuts, bruises, or tickle spots to be noted? Yes or No

Please note if yes to any of the above questions:

What are your physical complaints or pain issues for today?

Signature of Client: _____ **Date:** _____

THERAPIST SOAP NOTES

Physical Complaints: _____

Range of Motion/Strength Weakness Tests:

Observations: _____

Techniques and Modalities Used: _____

Additional Comments/Plan of Action: _____

