



Intake Form

Massage

Patient Information

Patient Name _____ Date of Birth _____ Age _____

Cell Phone Number _____ Email _____ *Male*
(will be used to sign in) *Female*

Address _____

City _____ State _____ Zip Code _____

Emergency Contact _____ Phone Number _____

How did you hear about our office? _____

Tips for a Great Massage Experience

1. **Disrobe to your comfort level.** Some prefer to remain in undergarments, some prefer to be nude. Our fully licensed massage therapists are well trained in proper draping techniques, and are happy to accommodate your preferences.
2. Please don't hesitate to **speak up before, during, or after your massage** - it is the goal of all of our therapists to provide the most effective and comfortable treatment possible.
3. Please find **located in your treatment room hangers on the back of the door, as well as a large basket**, for your clothing and belongings.
4. Please don't forget about **gratuity**. Our office has worked hard to offer quality care at an affordable price, but your massage therapists still qualify as "tipped employees who receive money from satisfied customers" as per the Department of Labor.

Standard Massage Rate of \$65

15% = \$9.75

18% = \$11.70

20% = \$13.00



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General Information

Have you ever had a professional massage? Yes No

What pressure do you prefer? *Light* *Medium* *Deep*

Please list any areas you do NOT want massaged:

Please list any medications you are taking:

Are you pregnant? Yes No N/A If so, how many weeks? _____

Please circle any of the following that apply:

Spinal Problems *Bruise Easily*

Allergies *Varicose Veins*

High Blood Pressure *Heart Conditions*

Injuries *Blood Clots*

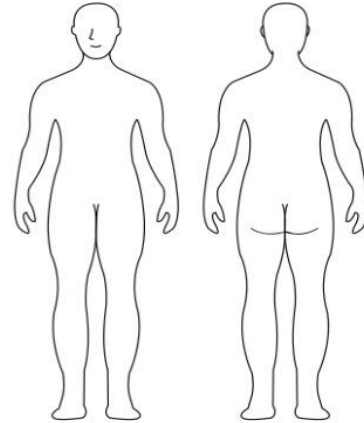
Cancer *Stroke*

Please explain any of the above: _____

What are your goals for your massage today? _____

Are you under 18 years of age? Yes No

(please mark areas of tension)



(for therapist use only)

Massage technique used:

Areas of the body massaged (including indications and contraindications):

Therapist Signature _____



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Policies and Informed Consent to Massage Therapy

This office does NOT perform chest/breast massage on female clients.

Proper draping techniques will be used during the massage.

If you are uncomfortable for any reason during the massage, you may ask to end the massage session, and it will end immediately.

By signing below, you are consenting to receive massage therapy.

You understand that massage therapy is not a substitute for traditional medical treatment, chiropractic care, or medications.

You understand that the massage therapist does not diagnose injuries or illness, or prescribe any medications.

You have obtained clearance from your physician to receive massage therapy.

You understand that the risks associated with massage therapy include, but are not limited to:

Superficial bruising

Short-term muscle soreness

Exacerbation of an undiscovered injury

You understand the importance of informing the massage therapist of ALL medical conditions and medications, and will update the massage therapist if any changes occur.

You understand there may be additional risks not yet discussed based on your physical condition.

You understand that it is your responsibility to inform the massage therapist of any discomfort experienced during the massage so that the therapist can adjust accordingly.

You have been given a chance to ask any questions about the massage therapy session, and any questions have been answered.

Patient Name _____ Signature _____ Date _____

Parent or Guardian Name _____ Signature _____ Date _____

Witness Name _____ Signature _____ Date _____