

# Client Intake Form - Therapeutic Massage

## Client Information

Name \_\_\_\_\_ Email \_\_\_\_\_  
Phone (cell/day) \_\_\_\_\_ DOB \_\_\_\_\_ Age: \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Occupation \_\_\_\_\_ Referred by: \_\_\_\_\_

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## Health Information

Are you taking any medications?  yes  no If yes, please list: \_\_\_\_\_

Any allergies? (oils, lotions, nuts, fruits, skin, etc.)  yes  no If yes, please list: \_\_\_\_\_

Are you pregnant?  yes  no If yes, how many months: \_\_\_\_\_ Due date: \_\_\_\_\_

Are you currently under medical supervision or receiving other medical interventions?  yes  no

If yes, please describe: \_\_\_\_\_

Areas of swelling	yes	no	Diabetes	yes	no	Osteoporosis	yes	no
Autoimmune disorder	yes	no	Fibromyalgia	yes	no	Phlebitis	yes	no
Back / neck problems	yes	no	Headaches	yes	no	Sciatica	yes	no
Bleeding disorders	yes	no	Heart condition	yes	no	Seizures	yes	no
Blood clots	yes	no	Hypertension	yes	no	Stroke	yes	no
Bruise easily	yes	no	Kidney disease	yes	no	Tendinitis	yes	no
Bursitis	yes	no	Multiple sclerosis	yes	no	TMJ disorder	yes	no
Cancer	yes	no	Neurological condition	yes	no	Varicose veins	yes	no
Contagious condition	yes	no	Neuropathy	yes	no	Vertigo / dizziness	yes	no
Decreased sensation	yes	no	Osteoarthritis	yes	no			

Areas of broken skin? (e.g. rash, wounds)  yes  no If yes, where? \_\_\_\_\_

History of joint replacement surgery?  yes  no Which joint(s) ? \_\_\_\_\_

Recent injuries or medical procedures in the past 2 years?  yes  no Please describe: \_\_\_\_\_

Please describe any other injuries or health conditions: \_\_\_\_\_

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## Massage Information

Have you had professional massage before?  yes  no How recently? \_\_\_\_\_

Reason for seeking massage:  Relaxation  Specific problem

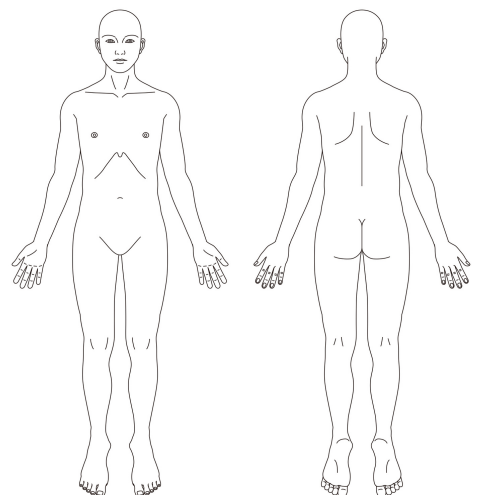
*Please indicate any areas of discomfort*

How much pressure do you prefer?  Light  Medium  Firm

*By signing below, I acknowledge that I am aware of the benefits and risks of massage therapy and that I have completed this form to the best of my knowledge. I also agree to inform my massage therapist of any health or medical changes.*

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_



# Policy Notification

Thank you for choosing us as your massage and bodywork provider. In order to provide the best service possible to our clients, we have implemented the following policies:

## Cancellation & No Show Policy

We require at least 24 hours notice to cancel an appointment. Clients who cancel an appointment with less than 24 hours notice will be billed 50% of the price of the scheduled service. Clients who do not show up for a scheduled appointment or notify us in advance will be billed for the full price of the scheduled service. We understand that emergencies and illnesses can arise, therefore last minute cancellations due to things such as verifiable emergencies, illnesses or inclement weather will generally not result in any missed session charges, however this is to be determined at the practitioner's discretion.

## Late Arrival Policy

All scheduled appointments will end at the scheduled ending time in order for us to stay on schedule. Clients who arrive late to their scheduled appointment will be charged for the full session and will not receive a time extension. For your first appointment, please arrive 15 minutes prior to your scheduled appointment time to allow time to complete the Client Intake Form. For all other appointments, please arrive 5 minutes before your scheduled appointment time to allow time to undress and get on the table to enjoy a relaxed and unhurried experience.

## Massage Termination

Only professional massage and bodywork services for relaxation or therapeutic purposes are offered at this massage practice. Massage services will be terminated immediately in the event of inappropriate conduct of any kind. This includes harassment, threatening speech or behavior, sexual advances or requests, or disrespectful actions or language. A session will not be conducted if the client is under the influence of drugs or alcohol. If the massage is terminated for any of these reasons, full payment for the scheduled session is still required.

## Draping Policy

Clients will be appropriately draped with a sheet and/or towel at all times during their massage. Only areas of the body that are currently being treated will be exposed. The breast and genital areas will always remain draped and are never massaged.

Signing below indicates that you have read, fully understand and will abide by the massage policies as listed above.

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Client Printed Name

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Client Signature

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Date

# Massage Guidelines and Expectations

1. Massage sessions will begin and end at the scheduled time. Sessions that begin late due to the client's late arrival will end at the scheduled time and the client will be billed for the full time.
2. All clients will be treated with respect and dignity. Personal and professional boundaries will be respected at all times.
3. Clients must provide an accurate health history and agree to inform their therapist of any updates or changes to their health/medical condition.
4. Any client with a contagious condition including common cold, influenza, stomach flu, coronavirus, meningitis, shingles, contagious skin conditions, etc. must not come into the office, but call to inform the therapist before scheduled appointment time. Clients may reschedule their appointment after the contagious condition has resolved.
5. Clients with signs of symptoms of an active systemic or localized infection (e.g. fever, sore throat, swelling, etc.) at the time of a scheduled massage are asked to notify their therapist and reschedule their appointment.
6. Massage therapists only provide therapeutic massage and modalities that are within the scope of practice for this licensed profession. Clients with acute injuries or conditions that are outside of the scope of practice for massage should consult with their doctor.
7. All clients will be appropriately draped with a sheet at all times during the massage session. Only the area(s) of the body that are currently being worked will be exposed. The genital area is never exposed or massaged.
8. Client privacy and confidentiality will be maintained at all times.
9. Any client who arrives under the influence of drugs or alcohol will be asked to leave.
10. This is a non-smoking, odor-neutral massage office.
11. Clients are expected to be clean and have showered prior to receiving massage (on same day).
12. All clients are provided with a competent and professional massage that focuses on the needs of each individual client.
13. Harassment of any kind is not tolerated and the session will be terminated if this occurs, or if the practitioner's safety is compromised in any way.
14. Clients are asked to avoid eating a heavy meal during the two hours prior to receiving massage.
15. Appointments are confirmed between one to two days prior to the scheduled appointment.

I have read, fully understand and will abide by the massage guidelines and expectations listed above.

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Client Printed Name

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Client Signature

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Date