Massage Therapy Intake Form

Name: _____ Home #: _____

Address: _____ Cell #: _____

City: _____ State: _____ Zip: _____

Email: _____ Referred By: _____

Birth Date: ___/___/___ ☐ Male ☐ Female ☐ Single ☐ Married ☐ Divorced

Employer: _____ Occupation: _____

IN CASE OF EMERGENCY:

Name: _____ Relationship: _____ Phone #: _____

Have you ever experienced a professional massage or bodywork session? ☐ Yes ☐ No

If yes, when was your last session? ___/___/___ _____

What are your massage or bodywork goals (relaxation, rehab of injury or pain, etc.)? _____

_____

What kind of pressure do you prefer? ☐ Light ☐ Medium ☐ Firm

Please list (date and description) of **ANY** accidents or operations (minor or major): _____

_____

Please list any medications or supplements you are taking: _____

_____

Describe exercise activity and frequency: _____

List any concerns or comments you have regarding your health status and wellbeing: _____

_____

Are you currently seeing the below for any ongoing issues?

☐ Chiropractor ☐ Physical Therapist ☐ Physician

Please explain: _____

What is your current stress level: Low 1 2 3 4 5 High

Are you allergic to any lotions or oils? ☐ Yes ☐ No

Please explain: _____

Massage conditions. Please mark C= current, P= past

Muscular-Skeletal	
	Arthritis
	Back, hip pain
	Broken/fractured bones
	Bursitis
	Chest/ribs/abdominal pain
	Headaches
	Jaw pain/tmj
	Joint stiffness/swelling
	Leg/foot pain
	Osteoporosis
	Scoliosis
	Shoulder/neck/arm/hand pain
	Spasms/cramps
	Strains/sprains
	Tendonitis
	Other:

Circulatory/Respiratory	
	Allergies
	Asthma
	Blood Disorder
	Cold feet and/or hands
	Cold sweats
	Dizziness
	Emphysema
	Fainting
	Heart condition
	High/low blood pressure
	Shortness of breath
	Stroke
	Other:

Digestive	
	Colitis
	Constipation
	Crohn's disease
	Diarrhea
	Indigestion
	Intestinal gas/bloating
	Irritable bowel syndrome
	Other:

Skin	
	Acne
	Allergies
	Athlete's feet
	Boils
	Hemophilia
	Impetigo
	Rashes
	Warts
	Other:

Endocrine	
	Hyperthyroidism
	Hypothyroidism
	Hypoglycemia

Infectious Disease	
	HIV/AIDS
	Lower Respiratory Infection
	Lyme Disease
	Strep
	Syphilis
	Tetanus
	Tuberculosis

Reproductive	
	Endometriosis
	Fibroids
	Infertility
	Pregnancy

Nervous System	
	Cerebral Palsy
	Chronic Fatigue
	Epilepsy
	Fatigue
	Shingles/herpes
	Multiple Sclerosis
	Muscular Dystrophy
	Numbness/tingling
	Paralysis
	Parkinson's Disease
	Sleep disorder

Other	
	Cancer
	Depression
	Diabetes
	Edema
	Fibromyalgia
	Hearing Impaired

Massage Therapy Informed Consent for Therapy and Waiver of Liability

The undersigned ("Client") herby freely consents to receipt of massage services from Lisa Rooks.

Client agrees as follows:

- Client understands and agrees that they will provide the therapist with complete health information.
- Client understands that massage therapy is designed to be an ancillary health aid and is not suitable for primary medical treatment for any condition.
- Client understands that a massage therapist does not diagnose disease, illness or prescribe drugs, nor do they provide spinal manipulation.
- Client and therapist will discuss the potential benefits and possible side effects of massage therapy and will agree upon a course of focused attention and manual therapy for the predetermined goals of stress reduction, relief of muscular discomfort, and/or promotion of general health. Client will be given the opportunity to ask questions of the therapist and will receive all requested information.
- Client understands that during the initial visit, a treatment plan may be devised specifically for you. Client will be willing to stick to the treatment plan to retain the end result that both the therapist and client are wanting. Client understands that if they must cancel an appointment during such plan, the therapist asks to reschedule the same day or within the same week, if possible for the benefit of the clients treatment plan.
- Client understands that draping will be used at all times for warmth, sense of security, and as a mark of massage therapy professionalism.
- Client understands that massage therapy is not sexual in any manner and that any illicit or suggestive remarks or behavior on the client's part will result in an immediate termination of the therapy session. Client understands that payment will be expected in full; regardless if the massage is completed or not.
- Client agrees to immediately inform the therapist of any unusual sensation or discomfort so that the application of pressure may be adjusted to the client's level of comfort.
- Client understands that if they become uncomfortable for any reason that the client may ask the therapist to end the massage session, and they will end the session at said time.
- Client understands that the massage therapist may end the session for any inappropriate behavior.
- Client has stated all of the conditions that they are aware of, and this information is true and accurate. I will inform the therapist of any changes in my status.
- Client hereby assumes full responsibility for receipt of the massage therapy, and releases and discharges the therapist from any and all claims, liabilities, damages, actions, or causes of action arising from the therapy received hereunder, including, without limitation, any damages arising from acts of active or passive negligence on the part of the therapist, to the fullest extent allowed by law.
- Client, in signing this consent for Therapy and Waiver of Liability ("Consent"), understands and agrees that this Consent will apply to and govern the current and all future therapy sessions performed by therapist.

Client Signature Date