

Confidential Health Intake for Massage Therapy

Name _____ date of birth _____

Emergency contact name & phone _____

Primary reasons for appointment ~ What I expect from the treatments:

disease, illness, surgeries, accidents, stresses, tensions, aches, pains...

arthritis / cancer / diabetes / heart condition / circulatory issues / pregnant or possible pregnancy

other _____

Contagious conditions – skin / athlete’s foot / respiratory / other _____

Allergies – seasonal / animal / smoke / incense / essential oils / candles, other _____

Use of medications including anti-coagulants / analgesics / steroids / narcotics / pain reliever’s _____

Are you under care or treatment of a health practitioner?

Circle - physician / obstetrician / osteopath / chiropractor / physical therapist / acupuncturist / psychotherapist

other _____

Physical / Mental Activities

occupation / hobbies / activities / exercise / yoga / meditation / computer / sitting / standing

Do you wear..? circle - contact lenses / artificial fingernails / hair piece / hair plugs _____

IMPORTANT – Please read and sign before receiving massage therapy

Client name _____

Mobile phone _____ other phone _____

Home address _____ zip _____

Email address _____

If for any reason I question my ability to receive bodywork or massage or any type of treatment for possible harm I am to refuse this treatment.

If I have any question I will first contact a medical physician for recommendation of this treatment.

I will disclose all information in writing about my health to the practitioner.

I understand that stretching and pressure may be applied to my body and that these applications are never to be perceived as an endurance test.

If I experience pain or discomfort of any kind I will immediately express it to the practitioner so that pressure or methods may be adjusted to my comfort level or discontinued.

During treatment as well as after treatment I will immediately advise the practitioner if I experience any sensations, discomfort, or pain of any kind.

Prior to future treatments I will advise practitioner of any changes in condition.

I understand that I have the right to refuse treatment. If at any time, I for any reason whatsoever am not comfortable, physically, mentally or otherwise with the performance I am receiving I may immediately terminate the session (at no cost).

I understand that the massage I receive is for the purpose of stress reduction from muscular tension, spasm, or pain and to improve circulation.

I understand that the massage practitioner does not diagnose illness or disease or perform any spinal manipulations, nor prescribe any medical treatments, and nothing said or done during the session should be construed as such. I acknowledge that massage is not a substitute for medical examination or diagnosis and that I should see a medical physician for those services.

I hold the practitioner and any individuals and business he/she is contracted with free of any and all liabilities.

I will be referred to another practitioner if my needs are beyond the scope of practice of this practitioner or can be better served by another.

Sexual behavior by the therapist toward the client or by the client toward the therapist is always unethical and inappropriate and may result in termination of the session.

Signature _____ date _____