



Client Intake

HEALTH HISTORY:

Have you had any injuries or surgeries in the past that may influence today's treatment?

Check any of the following health conditions that you currently have (If you are unsure, please ask): BLOOD CLOTS, CONGESTIVE HEART FAILURE, PITTED EDEMA, INFECTIONS, CONTAGIOUS DISEASES,

Please answer honestly, as massage may not be indicated for the above conditions

Please check any medical conditions below that apply to you:

- | | | |
|--|--|--|
| <input type="checkbox"/> Allergies/ Sensitivities | <input type="checkbox"/> Headaches/ Migraines | <input type="checkbox"/> Recent Surgery |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Atherosclerosis | <input type="checkbox"/> Pregnancy/ How |
| <input type="checkbox"/> Back or Neck Problems | <input type="checkbox"/> Varicose Veins | Far Along?___ |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Carpal Tunnel Syndrome | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Circulatory Disorder | <input type="checkbox"/> Decreased Sensation | <input type="checkbox"/> Artificial Joint |
| <input type="checkbox"/> Easy Bruising | <input type="checkbox"/> Deep Vein Thrombosis | <input type="checkbox"/> Recent Accident/ Injury |
| <input type="checkbox"/> Contagious Skin Condition | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Rheumatoid Arthritis/
Osteoarthritis | <input type="checkbox"/> High or Low Blood
Pressure | <input type="checkbox"/> TMJ Syndrome |
| <input type="checkbox"/> Muscle/Joint Pain | <input type="checkbox"/> Muscle/Joint Stiffness | <input type="checkbox"/> Numbness/Tingling |
| <input type="checkbox"/> Shortness of breath, Asthma | <input type="checkbox"/> Epilepsy, Seizures | <input type="checkbox"/> Depression, Anxiety |

Please explain any conditions you marked:

Please list anything else about your health history you think I should know:



PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW

CANCELLATION/NO SHOW POLICY:

Cancellations made less than 24 hours before the appointment may be charged 50% of the service cost. If I cancel with less than one hour's notice, you'll receive 50% off your next service.

No-shows or clients arriving more than 15 minutes late without prior notice will be charged 100% of the service cost. After 15 minutes, service length and availability are at the therapist's discretion.

I understand that:

- Massage is for the basic purpose of relaxation and relief of muscle tension.
- Massage Therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness.
- I 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 of which I am aware.
- Massage should not be performed under certain medical conditions. I affirm that I have stated all known medical conditions and will update any changes to my intake.
- I will inform the therapist to adjust the pressure if I'm experiencing any pain or discomfort.
- I understand that any illicit or sexually suggestive remarks or advances will not be tolerated and will result in immediate termination of the massage, and I will be liable for full payment of the service.
- 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 practitioner's part should I fail to do so
- I agree to the 24 Hour Cancellation Policy. If I fail to do so, I will be charged 50% of the service; if I do not show, I will be charged the full amount of the session.
- Understanding all of this, I give my consent to receive care.

SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN

SIGNATURE: _____ **DATE:** _____

(in case of a minor)