

# Massage Client Information and Consultation Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First MI MM/DD/YY

Address: \_\_\_\_\_  
Street Apt# City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Occupation: \_\_\_\_\_

Reason for Appointment: \_\_\_\_\_

Have you had a professional massage before? YES NO If "yes, how long ago? \_\_\_\_\_

List Current Medications: \_\_\_\_\_

List any Allergies: \_\_\_\_\_

## Place a check mark next to any of the following that apply:

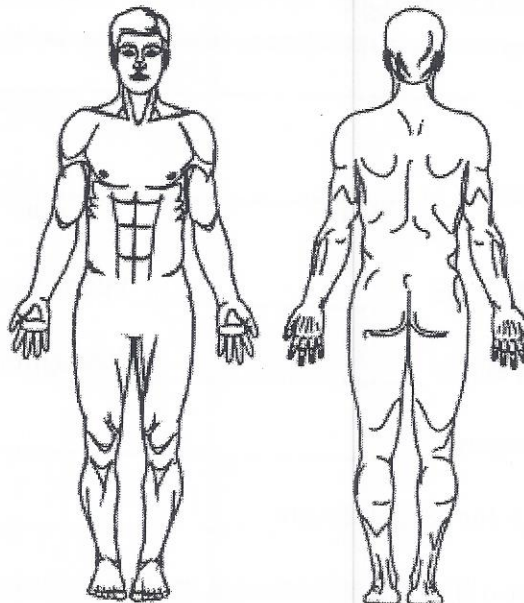
- |  |   |
|--|---|
| _____ Frequent Headaches                             | _____ <i>Any Skin rash or condition</i>       |
| _____ Arthritis                                      | _____ Diabetes                                |
| _____ Varicose Veins                                 | _____ Pregnant (Due Date: _____)              |
| _____ Osteoporosis                                   | _____ High Blood Pressure                     |
| _____ Fibromyalgia / Chronic Fatigue                 | _____ <i>Any Contagious Disease / Illness</i> |
| _____ Chronic Back / Neck Pain                       | _____ Allergies (Skin, Drug, Other)           |
| _____ Blood Clots / Phlebitis                        | _____ Scoliosis                               |
| _____ Cancer<br>(currently or within past 12 months) | _____ Inflammation / Swelling                 |
| _____ Injuries within past 12 months                 | _____ Cardiac or Circulatory Problems         |
| _____ Surgeries within past 12 months                |   |

Do you have any other Medical Conditions?

Would you like Light, Medium, or Deep Pressure During your Massage?

What Outcome do you Expect from This Massage/Bodywork Session?

On this diagram please **circle** the areas of the body that you feel need the **most** attention in the massage session, and place an **"X"** over the areas that you wish to have avoided.



**Please Read The Following Information and Sign Where Indicated**

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. There are certain medical conditions in which receiving a massage may not be appropriate. In those cases a referral from a physician may be required prior to services being provided. Massage/bodywork is not a substitute for medical attention received by a medical specialist. If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the pressure/strokes may be adjusted. In addition, if I am uncomfortable for any reason, I may ask that the session be stopped immediately.

Draping will always be used during massage/bodywork sessions. No breast massage shall be done without written consent of the client and therapist. Any illicit or sexually suggestive remarks or advances made by me (the client) will result in the immediate termination of the session.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

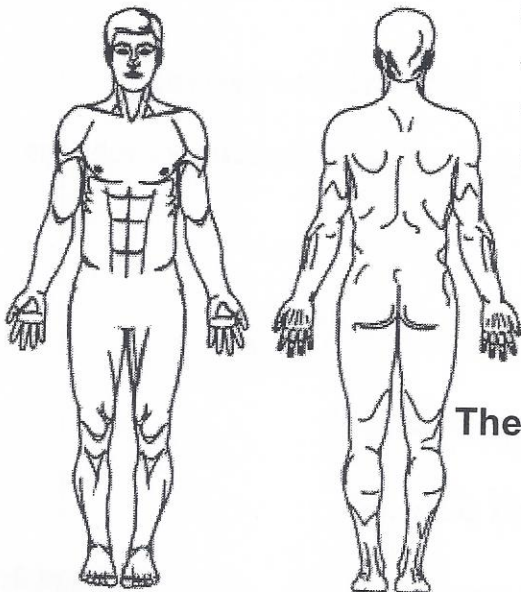
**For Therapist Use:**

Services to be performed today:

\_\_\_\_\_

Type of massage techniques used during the massage session: \_\_\_\_\_

On this diagram **circles** indicate the areas of the body that will be massaged, and **"X"** indicates the areas of the body that will be avoided and the contraindications.



**Therapist's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## Massage Client Intake Form

### **Massage Client Waiver Form**

Please take a moment to read and initial all of the following statements:

If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.

\_\_\_\_\_

I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.

\_\_\_\_\_

I affirm that I have notified my therapist of all known medical conditions and injuries.

\_\_\_\_\_

I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so.

\_\_\_\_\_

I understand that massage is entirely therapeutic and non-sexual in nature.

\_\_\_\_\_

By signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to massage therapy and bodywork.

\_\_\_\_\_

I understand that should I cancel an appointment less than 24 hours before the scheduled time or "no show" an appointment, I am subject to a fee equal to the cost of the missed appointment. This fee is monetary & can't be taken as an additional "punch" off a massage package card. If the appointment was booked under a gift certificate, it will be voided in lieu of the fee.

\_\_\_\_\_

### **Information and Suggestions**

- Prior to your massage, please remove contact lenses and all jewelry. Pull long hair back with a clip or band.
- In general, massage is given while you are unclothed. However, you may choose to wear undergarments or a swimsuit. You will be covered with a top sheet throughout your session. This is your massage and you should be as comfortable as possible.
- Feel free to ask your therapist any questions before, during, or after the session. Your therapist is a highly trained professional and will be happy to make you feel informed and comfortable.

I have received the policy statement, and have read and agree to the policies therein.

Client name: \_\_\_\_\_

Client signature: \_\_\_\_\_

Date: \_\_\_\_\_

Therapist signature: \_\_\_\_\_

## Massage Client Intake Form

We understand that unanticipated events happen occasionally in everyone's life. In our desire to be effective and fair to all clients, the following policies are honored:

Twenty-four hour advance notice is required when cancelling an appointment. This allows the opportunity for someone else to schedule an appointment. If you are unable to give us 24 hours advance notice you will be charged the full amount of your appointment. This is a cash fee and can not be taken as an extra "punch" off a punch card or billed to your Trade account. It also must be paid prior to your next scheduled appointment. Gift certificates will be voided in lieu of the fee.

### **No-shows**

Anyone who either forgets or consciously chooses to forgo their appointment for whatever reason will be considered a "no-show". They will be charged for their "missed" appointment.

### **Late Arrivals**

If you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, your therapist will then determine if there is enough time remaining to start a treatment. Regardless of the length of the treatment actually given, you will be responsible for the "full" session. Out of respect and consideration to your therapist and other customers, please plan accordingly and be on time.

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Client Name (Please Print)

/

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Date

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Client Signature