

## Massage Client Intake Form

### PLEASE PRINT LEGIBLY

Name \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Occupation \_\_\_\_\_ Referred to This Office By \_\_\_\_\_  
 In Case of Emergency Please Contact \_\_\_\_\_ Phone \_\_\_\_\_

### General and Medical Information



MOBILE PROVIDER \_\_\_\_\_

Y N Have you ever had a professional massage? If yes, how often? \_\_\_\_\_

Y N Are you pregnant? If yes, how far along are you? \_\_\_\_\_

Y N Are you sensitive to touch/pressure in any area? (ticklish?) \_\_\_\_\_

Y N Are you allergic or sensitive to any oils (essential oils, nut oils, scents)? If yes, please list:

\_\_\_\_\_

List of current medications and reason: \_\_\_\_\_

\_\_\_\_\_

List of surgeries (type and date): \_\_\_\_\_

\_\_\_\_\_

### Indicate Areas of Pain/Tension:

On a scale from 1-10, 10=highest, rate your levels of:

Stress \_\_\_\_\_ Pain \_\_\_\_\_ Energy \_\_\_\_\_

How did your symptoms begin and when did they start?

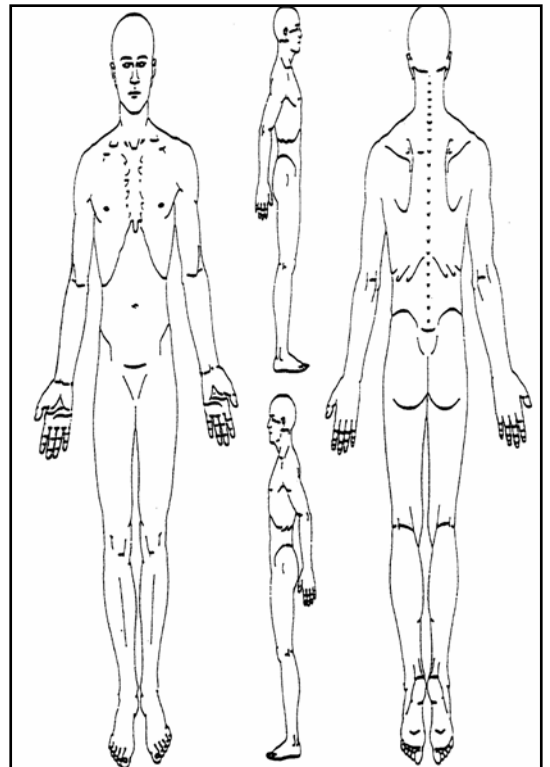
\_\_\_\_\_

What have you done for relief? \_\_\_\_\_

Is the condition getting better/worse? \_\_\_\_\_

### ***Please check all that apply:***

- ☐ Skin condition-rash, warts, hives, skin cancer, other \_\_\_\_\_
- ☐ Lymphatic condition-swollen gland, nasal congestion, lymph edema
- ☐ Joint problems/stiffness-arthritis, sacroiliac problems, TMJ, other \_\_\_\_\_
- ☐ Bone Condition-osteoporosis, fracture, other \_\_\_\_\_
- ☐ Headaches
- ☐ Recent injury or accident-whiplash, sprain, bruise, other \_\_\_\_\_
- ☐ Circulatory Condition-high blood pressure, varicose veins, blood clots
- ☐ Numbness/Tingling, Sciatica
- ☐ Tendonitis, Bursitis
- ☐ Diabetes



Please mark in the diagram above any areas where you have pain or discomfort.

Wanda's Health Massage Therapy LLC  
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.

\_\_\_\_\_The Client will be responsible for any future bank chargeback fees charged to Wanda's Health Massage Therapy

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

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

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

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

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