

Synergy Wellness

Massage Intake Form

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

DOB: _____ Sex: M _____ F _____

Referred by: _____

In Case of an emergency please call: Name _____

Phone: _____

Relationship: _____

Synergy Wellness Massage Policies

Cancellation Policy

24 hour notice is needed for rescheduling of appointments. Same day cancellations will be charged the full session fee. Clients will be charged full payment for missed or forgotten appointments.

Initials _____

Late Arrival

Sessions are booked closely together so there may not be enough time for a full session if you arrive late for an appointment. Late arrivals will be charged the full fee. Arriving late 20 minutes or more will be considered a missed appointment.

Initials _____

Payment

Acceptable forms of payment include cash, personal checks, Visa, Master Card, Discover and AMEX.

I understand that I am responsible for payment for any and all services rendered.

Initials _____

Returned Checks

There will be an additional \$25.00 charge for returned checks.

Initials _____

A copy of these policies are available upon request

Informed Consent

I, _____, (client) certify that I have read and completed this intake form totally and accurately to the best of my ability. I understand that I will be required to periodically update this information and that it is my responsibility to inform the therapist(s) of any and all changes in my conditions, medical diagnosis, treatments and medications. I understand that a Licensed Massage Therapist at Synergy Wellness, does not diagnose any physical or mental illness, injury or disorder and does not prescribe treatment or medication for such.

I understand that Complementary Alternative Medicine is not a substitute for medical examination and treatment. I agree to release the Licensed Therapists at Synergy Wellness from any and all liability related to alternative health treatments received, both during the initial visit and all subsequent visits.

I have read and understand the policies and agree to abide by them.

Client Signature _____

Date _____

Massage Intake

Have you experienced massage before? No Yes

What type of pressure do you prefer? Light Moderate Deep Don't know

Is your intention for coming: Therapeutic Relaxation

What is your major complaint or condition you want to improve?

History of the complaint or condition? _____

Is this condition getting progressively worse? Yes No

Please explain _____

Does anything aggravate the condition? _____

Have you found anything that relieves the condition? _____

Are you now under treatment for this complaint or any other condition? If yes, please explain:

Medications – prescribed or natural: _____

What are your intentions or expectations for this visit?
