

Massage Intake

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact/Relation \_\_\_\_\_ Birth Date \_\_\_\_\_

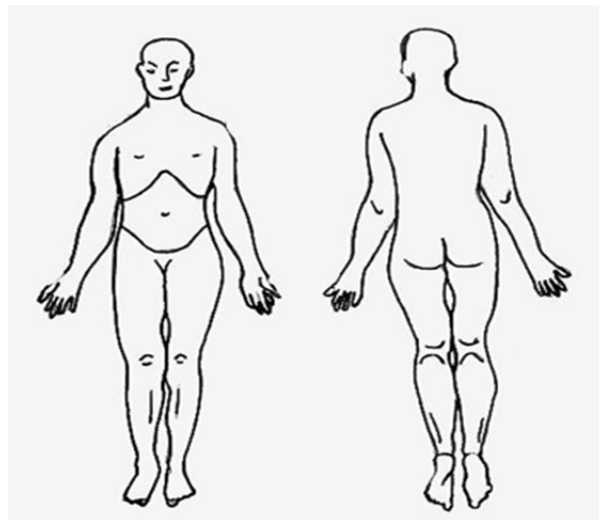
Phone \_\_\_\_\_

What is the reason for your initial visit for massage therapy? \_\_\_\_\_

---

Please indicate the appropriate location of pain and the symbol that best describes the discomfort you are presently experiencing.

Sharp and Stabbing = +++++      Numbness = ////      Dull and Achy = VVVV      Pins and Needles = XXXX



In the last year, do you currently or did you have any surgeries or injuries? (please explain)

---



---

Please list all medication you are currently taking, how much, and what they are for:

---



---

Do you have any physical limitations? Lack of mobility, unable to roll over, joint restriction, etc...

---



---

What type of fitness do you practice? \_\_\_\_\_

---

How do you manage stress? \_\_\_\_\_

---

Do you have any of the following medical conditions that have been diagnosed by a physician?

- Pregnancy, if yes how far along? \_\_\_\_\_
- Physician's name and phone: \_\_\_\_\_
- Allergies, please explain: \_\_\_\_\_
- Diseases, if yes please explain: \_\_\_\_\_
- Skin disorders, please explain: \_\_\_\_\_
- Infections, please explain: \_\_\_\_\_
- High/Low Blood pressure: \_\_\_\_\_
- Heart conditions, please explain: \_\_\_\_\_
- Breathing difficulties, please explain: \_\_\_\_\_
- Blood clots, please explain: \_\_\_\_\_
- Arthritis, describe areas of body affected: \_\_\_\_\_
- Diabetes, Type 1 or Type 2 and what age of onset: \_\_\_\_\_
- Cancer, please explain: \_\_\_\_\_
- Other, please explain: \_\_\_\_\_

What type of pressure are you comfortable with: Light..... Medium.....Deep.....Extremely Deep  
Please understand that the heavier pressure may result in muscle soreness the next couple of days after the massage.

---

Cancellation of a scheduled appointment must be made at least 24 hours in advance or you will be charged a fee of \$30.00. Monday cancellation requires notice before 4:00 pm on Friday which allows staff time to notify another patient waiting for an appointment.

Insurance coverage for Massage may have been verified by clinic staff. If we have been told by your insurance that a certain number of Massage visits are covered, we will wait 90 days for payment. If no response has been received in that time, you will be billed directly.

1. The non-cancellation fee is NOT covered by insurance.
2. Non-cancellation fees must be paid prior to your next appointment.
3. In order for your insurance company to cover massage therapy, medical necessity must be obtained by the Doctor to write the prescription.
4. All unused sessions expire 2 months after the date of the prescription.

The undersigned has read and acknowledges the above.

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

## Massage Therapy Informed Consent

I have read and understood this client Intake and Health History form in its entirety. If at any time there are changes in the information given, or in my condition, I will notify the therapist and update this form before receiving additional sessions. I have stated all my known medical conditions and have answered all questions honestly. If there is any information not directly requested on this form, which would compromise my ability to safely receive massage, I am responsible for bringing that information to the therapist's attention by noting it here:

---

---

I understand the massage therapist does not diagnose or prescribe for medical illness, disease, or other disorders. I further understand that massage therapy is not a substitute for medical examination or diagnosis, and that I take responsibility for consulting with my physician for any ailment or condition of concern to me.

I understand that my feedback is an essential element in my treatment. If at any time I become uncomfortable during the massage, I may bring that to the therapist's attention and request that the session be modified, temporarily suspended, or brought to an end. If I experience any pain or discomfort during the massage session, I will immediately communicate that to the therapist so that treatment may be adjusted accordingly. I can ask that a session be discontinued at any time, for any reason, and the therapist will honor that request.

I understand that if the massage therapist starts a session late, they will make it up to me at the end of my session if possible, or will reduce my fee accordingly. I understand that if I arrive late, my session will end at the originally scheduled time so the client following me is not penalized.

---

Client's Signature

---

Date

---

Therapist's Signature

---

Date