

MASSAGE THERAPY INTAKE FORM

Please fill out all 4 pages attached!

Client Contact Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell#: _____ - _____ - _____ (For text reminders)

Client D.O.B. ____/____/____ Allergies: Yes/No

If Yes, please list: _____

Occupation: _____

When was the last time you had a massage? _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name/Relationship: _____/_____

Cell Phone#: _____

E-MAIL INFORMATION:

E-mail used for appointment reminders and confirmation.

Please print: _____@_____

How did you hear about us? _____

Will you be using a GIFT CARD TODAY? Gift Card # _____

Reason for visiting us today? (Circle) Relaxation Injury

Headaches/Migraines Sports Related Pain Management

- 1) What kind of pressure do you prefer? LIGHT MEDIUM FIRM
- 2) Do you have any allergies to specific oils or lotions? YES/NO
If yes, please explain: _____
- 3) Is there any area of the body where you are sensitive to touch? (ex: my feet are ticklish) YES/NO _____
- 4) If there is a particular area(s) of the body in which you are experiencing tension, stiffness, pain or other discomfort, please mention below:

Females Only: Are you currently pregnant or is there a chance that you may be pregnant? YES/NO If Yes, how many weeks? _____ ***Must be in 2nd trimester to receive massage & considered prenatal massage.

MEDICAL HISTORY

- 1) Are you currently under medical supervision (*physical therapy, chiropractor, orthopedic, blood pressure, clots, heart problems, diabetes, cancer, recent surgery or illness, etc.*)? YES/NO (If Yes, please explain)

*If you are currently taking medications to control any medical condition listed above, please list them here:

- 2) If you have a medical condition or problem that you think: a) may affect your massage session, or b) may be useful for your massage therapist to know, please explain below. (Surgeries, cancer, fractures, etc.)

Please check any that apply to you: Contagious Skin Condition _____
Open Sore _____ Recent Fracture/Sprain _____ Arthritis _____
Recent Fever _____ Bursitis _____ Tendonitis _____ Jaw Pain _____
Fibromyalgia _____ Headaches/TMJ _____ Blood Clots _____
Sciatica _____ Numbness/Tingling _____ Pins/Plates/artificial Joint _____
Headaches/migraines _____ Vertigo _____ High/low blood pressure _____

What is your major complaint today?

Do you have any allergies to nuts, lotions, oils or creams?
Yes/no If yes, please explain.

CONSENT FOR THERAPY & WAIVER OF LIABILITY

Please read and initial each statement. By initialing each statement, you have agreed to the terms stated. When finished, please sign your name below. Thanks.

- 1) I acknowledge and agree that I have provided the Therapist and BODYWORX SPA with my complete and accurate health information and **will not hold them responsible for anything that they were not aware of due to my lack of information.** I also understand that massage therapy I am receiving is at my own risk and is designed to be an ancillary health aid and is not suitable for primary medical treatment of any condition. _____
- 2) **I understand that my unclothed body will and must remain draped at ALL times for warmth, sense of security and as a mark of massage therapy professionalism. I understand that massage therapy is NOT sexual in ANY manner and that any illicit or suggestive remarks or behavior (including physical contact with the massage therapist in any form on my part) will result in an immediate termination of the therapy session!** I understand that it is at the discretion of the therapist to terminate the session at any point in time, and I will be held responsible for payment, in full; regardless if the massage is/was completed or not. _____

- 3) I agree to inform the Therapist of any unusual **sensation, pain or discomfort** during my session, so that the application of **pressure may be adjusted to my level of comfort**. Also, I understand that I may terminate the session at any point in time if I feel uncomfortable with the course of treatment. _____
- 4) I hereby assume full responsibility for receipt of the massage therapy, and release and discharge BODYWORX SPA and the Therapist from any and all claims, liabilities, damages, actions, or causes of action arising from the therapy received hereunder, including, without limitation, any damages arising from acts of active or passive negligence on the part of the Therapist, to the fullest extent allowed by law. _____
- 5) I understand that Bodyworx Spa has the right to refuse treatment according to their discretion. _____
- 6) I, in signing this consent for Therapy and Waiver of Liability, understand and agree that this Consent will apply to and govern the current and all future therapy sessions performed by the Therapist. If for any reason there is a change in my health, it is my responsibility to notify the therapist at my future appointment, before receiving treatment. _____
- 7) ***Cancellation Policy***: Your business is valued and your cooperation is appreciated. A **48-hour cancellation** notice is required for any scheduled appointments and may require a credit card to hold your appointment. This includes gift-certificate and membership sessions. If you cancel within 24 hours, a fee of 50% will be assessed. If you cancel the same day, or do not keep your appointment, you will be assessed the total appointment fee. Memberships will lose their appointment for the month or pay 100% cost of service. _____