

# Massage Therapy Intake Form

## General Information

Name _____	Date _____
Address _____	Home Phone (_____) _____
City _____ State _____ ZIP _____	Work Phone (_____) _____
Email _____	Occupation _____
Birthdate _____	Referred by: _____
Emergency Contact _____	Phone (_____) _____

Reason for visit: <input type="radio"/> Relaxation (Swedish) Massage <input type="radio"/> Therapeutic / Deep Tissue Massage <input type="radio"/> Neuromuscular Therapy Is this your first massage? <input type="radio"/> Yes <input type="radio"/> No	Problem area(s) to be focused on (if any): <input type="radio"/> Head, Neck & Shoulders <input type="radio"/> Upper Back <input type="radio"/> Lower Back <input type="radio"/> Arms/Hands <input type="radio"/> Legs/Feet <input type="radio"/> Other: _____ Any areas that you prefer not to be massaged: _____
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## Health History

How would you rate your state of health? <input type="radio"/> Excellent <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor	Are you currently under the care of a physician? <input type="radio"/> Yes <input type="radio"/> No If yes, for what reason? _____ _____
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Medications/Reason	Allergies	Accidents/Surgeries <small>Include Date(s) for Each</small>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently taking ANY medications (including pain medications, narcotics, anti-inflammatories, muscle relaxants, or corticosteroids)? <input type="radio"/> Yes <input type="radio"/> No	Are there any other current or previous health conditions that may be affecting your health or functioning? <input type="radio"/> Yes <input type="radio"/> No If yes, please explain: _____ _____
Anything else we should know in order to make your experience with us a positive one? _____ _____	

**IMPORTANT** – Please indicate if you have now, or ever have had, any of the following conditions, as standard massage techniques may not be appropriate (use **C** for a current condition, **P** for a past condition):

_____ High Blood Pressure	_____ Osteoporosis	_____ Pregnancy	_____ Stroke
_____ Swelling / Edema	_____ Diabetes	_____ Cancer _____	_____ Kidney Disease
_____ Recent Injury	_____ Chronic Pain Treatment	_____ HIV / AIDS / Hepatitis/Infectious Disease	
_____ Fever / Acute Infection	_____ Undiagnosed Acute Pain	_____ Disease of the Heart or Blood Vessels	

**Please read and sign below:** I understand that the massage therapist does not diagnose, prescribe, or treat any specific conditions. I understand that massage therapy is not a substitute for medical examination, diagnosis, and treatment, and it is recommended that I see my physician for any ailment I may have. I consent to receive bodywork from Carrie Bezusko, Licensed Massage Therapist, and will inform her at each visit of any changes in my health.

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

**PLEASE TURN THIS PAGE OVER, READ THE INFORMATION, AND SIGN & DATE WHERE INDICATED.**

## Policies & Procedures

We thank you for taking the time to come in today and hope that your bodywork experience is a positive one. Please take note of the following information and indicate your compliance with these policies by signing and dating below:

- You must inform your therapist if you have taken any over-the-counter or prescription pain medications or muscle relaxants within the past 12 hours. Certain medications make it difficult for you to give feedback as to the depth (or pressure) of massage. It is imperative that your therapist know all the medications you take and the reasons for taking them. With this knowledge, the therapist can make a judgment as to the type of work you can safely receive. If you are currently under treatment with narcotic pain medication and/or muscle relaxants, it may not be appropriate for a therapist to work on you at this time.
- Any client apparently under the influence of drugs or alcohol will be asked to reschedule her appointment. Please note that this may result in accrual of a \$20.00 rescheduling fee.
- We require 24 hours' advance notice if you need to cancel your appointment. Less than 24 hours' notice may result in accrual of an appointment cancellation fee of \$20.00, and you may be required to pre-pay before your next appointment. However, we do understand that situations and emergencies arise that may make it difficult for you to give adequate notice of your cancellation, and every effort will be made to take these situations into consideration when assessing cancellation fees.
- If you arrive **late** for your appointment and would still like to receive your massage at that time, the length of time for your session may be shortened based on the time you arrived, and full payment will still be due. You will be advised if this is going to occur and will be given the option to reschedule your appointment. Please note that this latter option may result in accrual of a \$20.00 rescheduling fee. If you arrive **more than 15 minutes late** for your appointment, you may be **required** to reschedule and may accrue a \$20.00 rescheduling fee. This will be at the sole discretion of the massage therapist.
- Upon your arrival for your massage session, your therapist will show you to the treatment room and then discuss your goals for your treatment. Please mention all health issues and problem areas that you have. The therapist can best meet your needs if she understands them.
- Once your therapist has left the massage room, undress to your level of comfort. It is our policy that you leave your underwear on. Ladies, it is preferable to remove your bra, as this makes the shoulders and back more accessible for massage. You may then lie down on the table and cover up with the top sheet. Your therapist has been trained to keep you modestly draped at all times, as your privacy and comfort are of utmost importance. Your therapist will knock on the door and ask if you are ready before entering the room.
- We ask that you please remove all jewelry and other items prior to your treatment (i.e., watches, glasses, rings, bracelets, earrings, etc.) and place them safely with your belongings. **WE ARE NOT RESPONSIBLE FOR LOST OR MISPLACED PERSONAL ITEMS.**
- When your session is over, you will be left to dress in privacy. When you leave the room, please leave the door open and return to the waiting room and reception area.
- Please be advised that not all massage and bodywork techniques may be appropriate for all clients. There are also some situations in which any type of massage work is contraindicated (inadvisable). Situations will be evaluated on a case-by-case basis, and the therapist reserves the right to qualify and limit massage techniques when deemed advisable.

By signing and dating this form, below, you acknowledge your understanding of, and intent to comply with, the above-stated policies. We hope your experience with us is a positive one and one that you will enjoy often!

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