Massage & Body Work Client Intake Form

Name _____ Date of birth _____ Age _____

Address _____ Phone _____

City _____ State _____ Zip _____ Sex Female

Email _____ Weight _____ Height _____

Occupation _____

Reason for Visit

Primary reason for visit? _____

_____

When did you first notice it? _____

What brought it on? _____

Describe any stressors occurring at the time _____

_____

What activities provide relief? _____

What makes it worse? _____

_____

Is the condition getting worse? Maybe Interfere with work? N/A Sleep? Sometime Recreation? N/A

History

Exercise frequency: _____ Exercise type: _____

How much water do you drink per day? _____

Current medications and/or supplements, remedies: _____

_____

Allergies (specific allergen & reaction): _____

Injuries/surgeries (year & type): _____

_____ _____

Falls or injuries to the sacrum/head/tailbone? No If yes, please describe: _____

_____

Accidents, traumas or other: _____

Goal(s) for today: _____

Long term goals: _____

Have you had massage therapy/body work before? No How often? _____

Are you pregnant? No If yes, how far along are you? _____

How many pregnancies have you had? _____ Births? _____ Terminations? _____

Do you use any methods of birth control? No If yes, what type? _____

Current phase of menstrual cycle, if known: _____

Do you have any issues or concerns relating to these topics? Circle all that

No Gastrointestinal
No Pregnancy / menopause
No Male reproductive history
No Lifestyle, emotional &/or spiritual
No Female reproductive history

If yes to any, please explain: _____

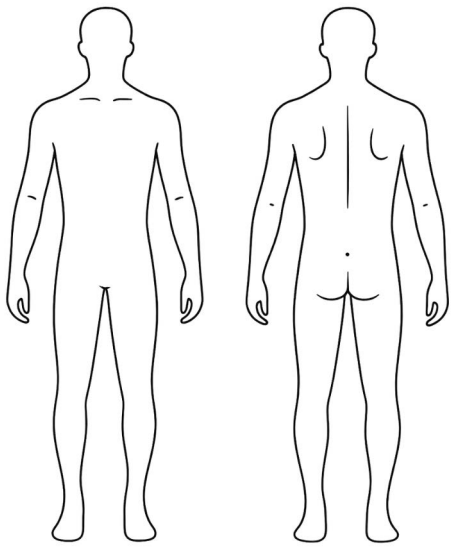
_____

_____

Do you currently have, or have you had in the past, any of the following? Check all that apply.

PAST	PRESENT		PAST	PRESENT		PAST	PRESENT	
☐	☐	Headache	☐	☐	Trouble getting pregnant	☐	☐	Sciatica
☐	☐	Asthma	☐	☐	Erectile dysfunction	☐	☐	Anxiety
☐	☐	Diabetes	☐	☐	Cuts, burns, bruises	☐	☐	Hernia
☐	☐	Epilepsy	☐	☐	Severe pain	☐	☐	Cancer
☐	☐	High blood pressure	☐	☐	Arteriosclerosis	☐	☐	Fatigue
☐	☐	Low blood pressure	☐	☐	Varicose veins	☐	☐	Fibroids
☐	☐	Crohn's	☐	☐	Dizziness	☐	☐	Musculoskeletal
☐	☐	Constipation	☐	☐	Depression	☐	☐	Skin rash
☐	☐	Painful/irregular menses	☐	☐	Pain when stooling	☐	☐	Stomach ulcer
☐	☐	Pins/pacemaker	☐	☐	Heart disease	☐	☐	Endometriosis

Areas of discomfort? Indicate on the diagram.



Additional comments:

_____

_____

_____

_____

_____

_____

Client Confidentiality & Release

I understand this modality is not a replacement for medical care. The practitioner does not diagnose medical illness, disease, physical and mental conditions or perform spinal manipulations unless specified under their professional scope of practice. The practitioner may recommend referral to a qualified health professional for any physical or emotional conditions I may have. I have stated all my known conditions and take it upon myself to keep the therapist/practitioner updated on my health.

Signature _____ **Date** _____

Massage & Body Work Client Waiver Form

Please take a moment to read and check the boxes for the following information:

- ☐ If I experience pain or discomfort during the session, I will immediately inform my provider so that the pressure/strokes can be adjusted to my level of comfort. I will not hold my provider responsible for any pain or discomfort I experience during or after the session.
- ☐ I understand the services offered today are not a substitute for medical care. I understand that my provider is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat physi-cal or mental illness.
- ☐ I understand there is a 50% late cancellation fee for any appointments that are canceled less than 24 hours prior to the appointment.
- ☐ I affirm that I have notified my provider of all known medical conditions and injuries.
- ☐ I agree to inform my provider of any changes in my health and medical condition. I understand that there shall be no liability on the providers part should I forget to do so.
- ☐ I understand massage and body work is entirely therapeutic and non-sexual in nature.
- ☐ By signing this release, I hereby waive and release my provider from any and all liability, past, present and future relating to massage and body work and understand the potential risks and benefits.
- ☐ I have reviewed the policy statement and have read and agreed to the policies therein.

Client name _____

Client signature _____

Provider signature _____ **Date** _____

Information & Suggestions

- Prior to your massage/body work, please remove all jewelry.
- Pull long hair back with a clip or band.
- In general, massage and body work is given while you are unclothed. You will be covered with a top sheet throughout your session, with only the area being worked on exposed at any given time. Private areas remain draped at all times per Missouri law. If you require modification to this arrangement, let your practitioner know. This is your session and you should be as comfortable as possible!
- Feel free to ask your practitioner any questions before, during or after your session. Our massage therapists are highly trained professionals and will be happy to make you feel informed and comfortable.