

# Massage Intake Form



## Personal Information:

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

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Day before text reminders: Cell Phone # \_\_\_\_\_ Cell Carrier \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

How did you hear about our massage therapy services?

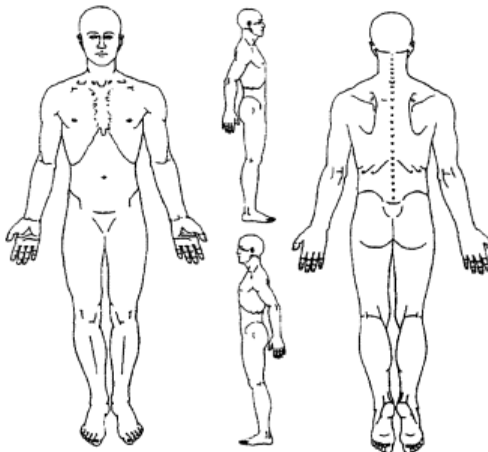
- Doctors at Creekside Chiropractic
- Online
- Event \_\_\_\_\_
- Referral from friend/ family \_\_\_\_\_
- Other \_\_\_\_\_

**The following information will be used to help plan safe and effective massage sessions. Please answer the questions to the best of your knowledge.**

Do you have a history of any of the following conditions? Please briefly explain.

- Allergies
- Arthritis
- Circulatory Problems
- Diabetes
- Headaches/ Migraines
- High/ Low Blood Pressure
- Numbness/ Tingling
- Currently Pregnant: Due Date \_\_\_\_\_
- Recent Illness
- Recent Surgery
- Skin Conditions \_\_\_\_\_
- Varicose/ Spider Veins
- Other: \_\_\_\_\_

**Please circle any specific areas you would like the Massage Therapist to concentrate on.**



What type of pressure do you typically prefer?

- Light
- Medium
- Firm
- Deep Tissue (additional \$10)

Please circle the answers that best apply to you.

Where do you feel tension or tightness in your body?	Lower Back/ Hips Legs/ Feet	Torso/ Mid- Back Arms/ Hands	Head/ Neck/ Shoulders/Upper Chest
How is your energy level today?	High/ Sporadic	Moderate/ Consistent	Low/ Sluggish
In general, how is the stress in your life?	High	Moderate	Low
In general, how do you experience stress?	Anxiety/ Worry Nerves	Anger/ Irritability Frustration	Withdrawal/ Depression

**Payment and Cancellation Policy:**

Our goal is to make payments easy and affordable. Our fees are based on the quality of the materials we use and our experience in performing your needed treatment. Payment must be made in full the day of the appointment. We kindly ask that if you need to change your scheduled appointment time that you call the office at least 24 hours in advance to make schedule changes. A fee will be charged if notice is not given (30 min- \$20 fee, 60 min- \$35 fee, 90 min- \$45 fee). This payment must be made in full prior to your next appointment.

Initial \_\_\_\_\_

**Massage Appointment:**

Draping will be used during the session- only the area being worked on will be uncovered. Clients must be 16 years old or older. A parent or legal guardian must be on the premises during the entire session. Informed written consent must be provided by parent or legal guardian for any client under the age of 18 (see below). The use of coconut oil will be applied directly to the skin, if you have allergies or skin conditions that prohibit use of oil, you must inform Massage Therapist before session starts. With specific allergies or skin conditions please feel free to bring your own massage oil/ lotion to ensure your health and safety.

Initial \_\_\_\_\_

**Consent to Massage Therapy Services:**

I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/ or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that Massage Therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness. I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

Initial \_\_\_\_\_

**By signing below, I acknowledge that I have read and understand the above stated information. Any questions have been answered satisfactorily, and I agree to the above stated policies.**

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Guardian (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_