

# Massage Intake Form



## Personal Information:

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

Phone # \_\_\_\_\_ Cell Carrier: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

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

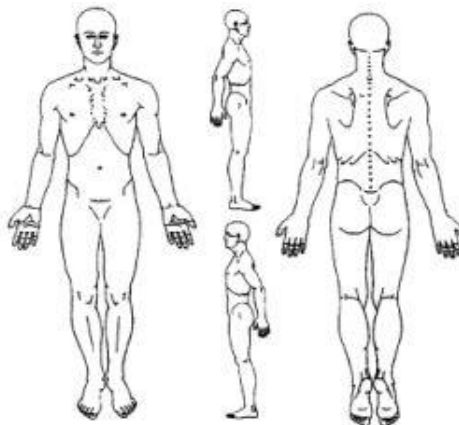
### How did you hear about our massage therapy services?

- Doctors at Creekside Chiropractic
- Online
- Event: \_\_\_\_\_
- Referral from family/ friend: \_\_\_\_\_ (name)
- 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.

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Allergies            | <input type="checkbox"/> Arthritis                | <input type="checkbox"/> Circulatory Problems   | <input type="checkbox"/> Diabetes   |
| <input type="checkbox"/> Headaches/ Migraines | <input type="checkbox"/> High/ Low Blood Pressure | <input type="checkbox"/> Numbness/ Tingling     | <input type="checkbox"/> Currently Pregnant (additional Prenatal Massage Form required) |
| <input type="checkbox"/> Recent Illness       | <input type="checkbox"/> Recent Surgery           | <input type="checkbox"/> Skin Conditions: _____ | <input type="checkbox"/> Varicose/ Spider Veins   |
| <input type="checkbox"/> 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)

**Massage Appointment:**

Draping will be used during the session- only the area being worked on will be uncovered. Clients must be 16 years or older. A parent or legal guardian must be on the premises during the entire session. Informed written consent must be provided by a 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 the Massage Therapist before the 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 therapists' part should I fail to do so.

**Initial:** \_\_\_\_\_

**Payment:**

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 accept cash/ check/ credit card. Massage Therapy services at the Creekside Performance Center do not participate with any insurance carrier. We do not submit medical claims on your behalf.

**Initial:** \_\_\_\_\_

**Cancellation Policy:**

Our goal is to provide quality services to all our patients in a timely manner. When scheduling your massage, we do require a credit card kept on file. No-shows, late arrivals, and cancellations inconvenience not only our massage therapists, but our other clients as well. Please be aware we do have a 24 hour cancellation policy. If you need to reschedule an appointment please allow at least 24 hours notice to avoid the fee. Cancellations within 24 hours will be charged half of the service price to the credit card on file. No call/no show appointments will result in full service price being charged.

**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:** \_\_\_\_\_