

Massage Client Intake Form

Name _____ Email _____
 Address _____ City/State/Zip _____
 Cell Phone _____, provider (*circle one*): AT&T, VERIZON, SPRINT, other _____
 Home Phone _____ Work Phone _____, extension _____
 Birthdate _____ Occupation _____ How you heard of us? _____
 Emergency Contact _____ Relationship _____ Phone _____

General and Medical Information

Y N Have you ever had a professional massage? If yes, how often? _____
 Y N Are you pregnant? If yes, how far along are you? _____
 Y N Are you sensitive to touch? _____, type of pressure do you prefer? (*circle one*): LIGHT MEDIUM FIRM
 Y N Are you allergic or sensitive to any oils (essential oils, nut oils, scents)? If yes, please list: _____

List of current medications and reason: _____

List of surgeries (type and date): _____

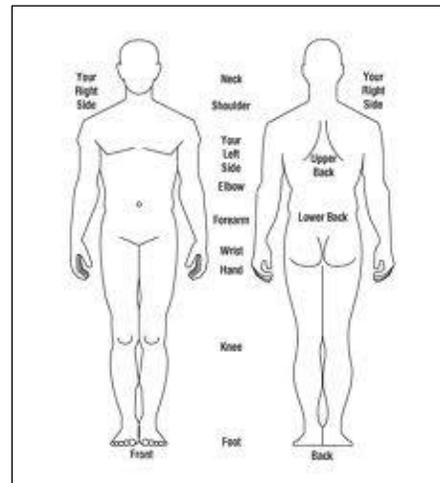
Indicate Areas of Pain/Tension (use diagram to the right):

On a scale from 1-10, 10=highest, rate your levels of:
 Stress _____ Pain _____ Energy _____

How did your symptoms begin and when did they start? _____

What have you done for relief? _____

Is the condition getting better or worse? _____



Please check all that apply:

- ___ Skin condition-rash, warts, hives, skin cancer, other _____
- ___ Lymphatic condition-swollen gland, nasal congestion, lymph edema
- ___ Joint problems/stiffness-arthritis, sacroiliac problems, TMJ, other _____
- ___ Bone Condition-osteoporosis, fracture, other _____
- ___ Headaches
- ___ Recent injury or accident-whiplash, sprain, bruise, other _____
- ___ Circulatory Condition-high blood pressure, varicose veins, blood clots
- ___ Numbness/Tingling, Sciatica
- ___ Tendonitis, Bursitis
- ___ Diabetes

(BELOW THIS LINE IS FOR OFFICE USE ONLY)

Therapist: _____ Sound: _____ Oil: _____ Ent: _____

Massage Client Waiver Form

Please take a moment to read and initial all of the following statements:

_____ If I experience pain or discomfort during the session, I will immediately inform my Massage Specialist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my Massage Specialist or DISCOVER Massage Specialists LLC responsible for any pain or discomfort I experience during or after the session.

_____ I understand that the services offered today are not a substitute for medical care. I understand that my Massage Specialist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.

_____ I affirm that I have notified my Massage Specialist of all known medical conditions and injuries.

_____ I agree to inform the Massage Specialist of any changes in my health and medical condition. I understand that there shall be no liability on the Massage Specialist's or DISCOVER Massage Specialists LLC's part should I forget to do so.

_____ I understand that massage is entirely therapeutic and non-sexual in nature. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for full payment of the scheduled appointment.

_____ By signing this release, I hereby waive and release my Massage Specialist and DISCOVER Massage Specialists LLC from any and all liability, past, present, and future relating to massage therapy, infrared light therapy and bodywork.

_____ I understand that should I cancel an appointment less than 24 hours before the scheduled time or "no show" an appointment, I am subject to a fee equal to the cost of the missed appointment. If the appointment was booked under a gift certificate, it will be voided in lieu of the fee..

_____ I understand that arriving late for a scheduled appointment will not result in receiving an extension of service time and I will be responsible for the full service fee.

_____ I understand that for the safety of my children, DISCOVER Massage Specialists LLC does not allow children under the age of 16 in the facility unless they are receiving services with an adult.

_____ Payment for all services is due upon receipt. Some insurance carriers may provide coverage for such services, although it is my responsibility to contact my insurance carrier and submit any needed paperwork to the carrier for reimbursement.

Information and Suggestions

- Prior to your massage, please remove all jewelry.
- In general, massage is given while you are unclothed. However, you may choose to wear undergarments or a swimsuit. You will be covered with a top sheet throughout your session. This is your massage and you should be as comfortable as possible.
- Feel free to ask your therapist any questions before, during, or after the session. Your therapist is a highly trained professional and will be happy to make you feel informed and comfortable.
- If this is your first time receiving massage services please visit www.DiscoverMassageTC@att.net and click on the "What To Expect" tab. This will answer almost any questions you may have in regards to your first massage.

I have received the policy statement, and have read and agree to the policies therein.

Client name (please print clearly): _____

Client signature: _____

Parent or Legal Guardian signature: _____

Date: _____

Therapist signature: _____