

Client Massage Intake – Inspired Touch Therapeutic Massage, PLLC

Name _____ Date of Birth _____
Phone (Cell or preferred) _____ Email _____
Occupation _____ Who referred you _____
Address _____
City _____ State _____ Zip _____
Emergency Contact _____ Phone _____

Please list any allergies or sensitivities:

Circle Reason(s) for Massage and give details below:

General Relaxation Problem / Injury Sports Pregnancy Other (please list below)

Do have any particular goals in mind for this massage session?

Is this your first professional massage?

How often do you receive massage?

On a scale of 1-10 (light...10 very deep) what type of massage pressure do you prefer?

Please list the area(s) you would like the massage therapist to focus on and describe the issues you are having with the area(s) and how long you have had them.

Have you had any other treatments for these issues? If yes, please list them and how long ago you tried them.

Do you have any difficulty lying on your front, back or side? If so, please explain below

Are you currently under the care of a physician or medical supervision?
If yes, please explain.

Please list any medications including pain relievers, vitamins, and/or herbal remedies taken now or at regular intervals.

Please list and explain the following, including dates and treatment you received, Accidents / Injuries / Surgeries / Hospitalizations:

Is there anything else about your health history that you think would be useful for your massage practitioner to know to plan a safe and effective massage session for you?

CONSENT FOR THERAPEUTIC MASSAGE

Clients are responsible to provide health history and notice of health changes at successive appointments.

Informed written consent must be provided by parent or legal guardian for any client under the age of seventeen.

Feedback is always encouraged, especially at the time of your visit. Keep in mind all treatments are not the same and that every session is attuned to each individual's specific likes and needs. All clients are properly draped at all times for your warmth, comfort and security as a mark of professionalism.

***There is no sexual aspect to therapeutic massage or to any other professional services offered at Inspired Touch Therapeutic Massage.** If the therapist deems your behavior inappropriate, the session will be terminated immediately and full payment of the scheduled time of your session will be paid-no refunds. Future appointments will not be scheduled for you in this office.

I am voluntarily wishing to experience therapeutic massage at Inspired Touch. I understand that massage therapists do not diagnose illnesses, prescribe medications, make spinal adjustments, or participate in activity of sexual intent. I further understand that therapeutic massage is not substitute for medical treatment. I have already alerted the therapists of any conditions I have which may affect the work and have disclosed all medications (herbal and pharmaceutical) that I am currently taking. I further agree to update the massage therapist to any changes in my mental, emotional, or physical health. I am seeking therapeutic massage of my own accord, the purposes that it is intended. I understand and had explained to me the procedure, benefits, and have answered any questions or concerns I have regarding my care. I understand and agree to abide by the cancellation policies and procedures for payment.

Signature _____ Date _____