

Therapeutic Massage – Client Intake Form

Personal Information

Name _____ Phone (day) _____ (evening) _____
 Address _____ City, State, Zip _____
 Email (optional) _____ Date of Birth _____ Occupation _____
 Emergency Contact _____ Phone _____
 Physician _____ Phone _____

Massage Information

How did you hear about us? _____

Have you ever had a professional massage before? yes no

If yes, how often do you receive massage therapy? _____

If yes, do you have a style or pressure preference? yes no

Specify : light pressure medium pressure deep pressure

trigger point therapy energywork

Other _____

What Type of massage are you seeking today?

Relaxation Deep Tissue/Therapeutic Pregnancy

Senior Integrated Bodywork (*functional*)

Other _____

Are you sensitive to fragrances or perfumes? yes no

Do you have sensitive skin? yes no

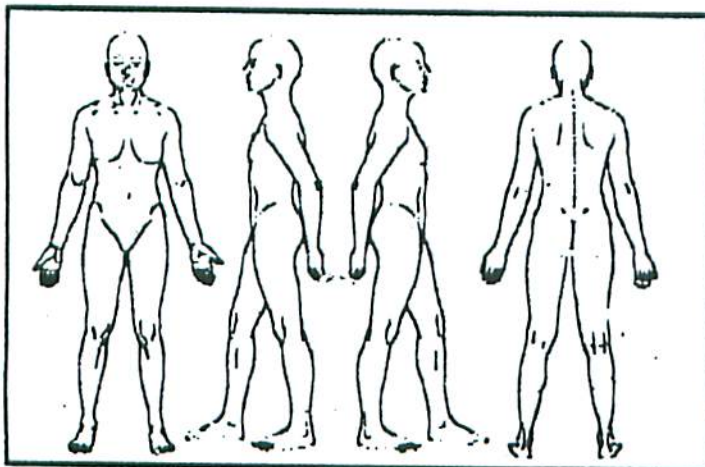
Do you wear contact lenses? yes no

Do you exercise regularly? yes no

If so, what type(s)? _____

What are your common areas of pain or tension?

Circle any specific areas you would like the massage therapist to concentrate on during the session:



Medical History

Do you suffer from chronic or persistent pain/discomfort?

If so, for how long? _____

Do you know what caused it or when then symptoms seem to get worse or better? _____

Do you see a chiropractor? yes no

If so, how often? _____

Are you currently under medical care? yes no

Are you currently taking any prescription medication? If so, for what? _____

Please indicate any conditions that you have had or currently have:

- | | |
|---|---|
| <input type="checkbox"/> headaches, migraines | <input type="checkbox"/> varicose veins |
| <input type="checkbox"/> allergies, sensitivity | <input type="checkbox"/> pregnancy |
| <input type="checkbox"/> arthritis, tendonitis | <input type="checkbox"/> blood clots |
| <input type="checkbox"/> cancer, tumors | <input type="checkbox"/> neck / back injuries |
| <input type="checkbox"/> TMJ problems | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> abnormal skin condition | <input type="checkbox"/> paralysis |
| <input type="checkbox"/> heart/circulation problems | <input type="checkbox"/> fibromyalgia |
| <input type="checkbox"/> joint replacement / surgery | <input type="checkbox"/> numbness |
| <input type="checkbox"/> high / low blood pressure | <input type="checkbox"/> sprains, strains |
| <input type="checkbox"/> major accident | <input type="checkbox"/> recent injuries |
| <input type="checkbox"/> lack of or reduced feeling / sensation _____ | |

Explain any conditions that you have marked above:

Client Signature: _____

Date: _____

luminescence Policies and Practices

After reading each statement, please initial on the line provided. These policies and practices are to ensure quality of care, safety of the Client and Therapist, and uphold the integrity of luminescence. Thank you for your understanding and cooperation.

What Clients can expect from Me...

- **Privacy.** You may share information (written or verbal) during a therapy session that will be held confidential.
- **Security.** You are draped with a sheet or towel at all times during the therapy session for warmth, modesty, and security. Only the areas being worked on are undraped at any time. You may disrobe to your level of comfort during the session, however the presence of clothing can interfere with certain massage techniques and may reduce the effectiveness of the session.
- **Safety.** You may end a therapy session if you feel uncomfortable, however, certain therapeutic techniques may cause discomfort temporarily, but are beneficial in the long term. If you experience discomfort or any different sensation during the session, you agree to immediately inform the therapist so that the work can be adjusted to your comfort level.
- **Communication.** You may ask any questions regarding your therapy session and the techniques performed. If it is in your best interest to see another healthcare provider, the therapist will inform you and recommend a referral.

What I expect from my Clients...

- **Be Prompt.** Clients are to arrive at least 15 minutes early for consultation and to complete the required forms. Sessions begin and end at the scheduled times. Please remember to use the restroom available before entering the healing space to allow the full time for treatment. Sessions that are delayed due to the client will have the time deducted from the session and will be charged the full rate. A 24-Hour cancellation notice is required or the client will be charged for the full session.
- **Be Prepared.** Please remove and leave all jewelry and valuables at home—we cannot be held responsible for lost or misplaced items. The full payment is expected and due at the time service is performed. Cash and Checks (*made payable to Dolly Regier*) are currently accepted. (There is a \$35-Insufficient Funds/Returned Check Fee).
- **Be Polite.** To ensure the cleanliness of the space and the health of the therapist, please shower or bathe before each session. To respect the healing environment, please refrain from smoking the day of treatment. In consideration of other clients, please turn off cell phones and any noise-making devices. Please step outside the Center to use them, if necessary.
- **Be Present.** Clients under the influence of alcohol or illegal drugs will be refused service and will be charged for the full session. Please refrain from consuming heavy meals within 2 hours prior to the session for greater results and a more enjoyable treatment.
- **Be Proactive.** Receive massage as frequently as possible—progress can be made only with continual care. Increase water intake—drink 1/2 your body weight in ounces each day. Massage releases toxins from your body; drinking water will aid in flushing them from your system, reducing muscle soreness, and increasing overall effectiveness of the treatment.
- **Be Participatory.** Practice recommendations from your therapist—stretches, exercises, self-massage, etc. Participating in your own path to improved health will yield quicker results than not following up on the suggestions made by your therapist.

I understand...

_____ My massage therapist is not a licensed medical healthcare provider and that massage/bodywork is not a substitute for medical care, medical examination, or diagnosis. I have stated all my known medical conditions and will inform my therapist of any change in my health status.

_____ The type of massage/bodywork is therapeutic and not sensual in nature. Any illicit or sexually suggestive remarks or behavior will result in immediate termination of the therapy session, and I will be liable for the full amount.

_____ There is no implied or stated guarantee of success or effectiveness for massage/bodywork. It is my choice to receive massage/bodywork, and I give my consent for treatment. I release and discharge the Therapist from any and all claims, liabilities, damages, actions or causes of action arising from the therapy received, including, without limitation, any damages arising from active or passive negligence on the part of the Therapist, to the fullest extent allowed by law.

By signing below, I have read and understood the policies and practices, and I agree to them.

Client Signature: _____
Print Name: _____

Date: _____

Therapist Signature: _____

Date: _____