

bodyscape massage client intake

Date _____

Name _____

Birth Date _____

Address _____

Hm Ph _____

City/State _____ Zip _____

Wk Ph _____

Occupation _____

Cel Ph _____

Referred by _____

Emergency Contact _____

Phone _____

Bodyscape offers discount coupons and event invitations via email and Facebook.
We will never sell your address or send you spam. May we contact you through email?

email address _____

how did you hear about bodyscape massage?

physician
drive by
other

internet search
friend _____

yelp
citysearch

general medical information

Please circle all that apply, if necessary explain below

Do you frequently experience: stress headaches back or neck pain?
In the last 2 years have you had: surgery broken bones cardiac/ circulatory problems?

Do you have: tension or soreness in a specific area? specify if yes _____
numbness or stabbing pains? specify if yes _____
sensitivity to touch/pressure in any area? specify if yes _____

If you are experiencing pain today, please specify level on scale:

mild 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 severe

Is there anything that makes your condition worse? _____

Please circle all that apply:

- Allergies (specifically topical)
- Diabetes
- Migraines
- High blood pressure
- Epilepsy
- Arthritis, Tendonitis
- Pregnant (#weeks _____ due date _____)
- Wear contacts?
- Recent injuries or accident

Do you have **any** other medical condition we should be aware of? specify
Are you taking any prescription medications?

Comments:

FOR STAFF USE

Service provider	Thank You	Addr Bk
MBO	Follow-Up Date	Follow-up Info
FB		Pkg?

OVER->

Please take a moment to carefully read the following information and sign where indicated.

I understand massage I receive is for relaxation, relief of muscular tension or pain, and improving circulation. If I experience discomfort I will inform the practitioner. I understand massage therapy is not a substitute for medical examination or treatment, that massage therapists do not diagnose, prescribe or treat any illness, and that nothing in the course of the session(s) given should be construed as such.

I have stated all medical conditions and answered all questions honestly. I will notify the practitioner of any changes in my medical profile, and agree that there shall be no liability on the practitioner's part should I fail to do so.

Signed: _____ Date: _____

Bodyscape Massage Therapy Policies Please initial each

Cancellation:

Kindly give minimum of **24 hours notice** for cancellation of all appointments. If less than 24 hours notice is given, and for "no-show"s we reserve the right to charge you in full for the appointment. Exceptions may only be made for illness and emergencies with notification, at the discretion of your massage therapist. If more than one appointment is missed without adequate notice of cancellation you will be required to prepay for all future appointments. _____

Late Arrivals:

If you arrive late, you will be required to pay the full session fee regardless of how much time is left of your scheduled appointment. _____

The Massage Session:

Your massage therapist determines how best to perform a therapeutic session. Therapists do their best to meet clients' needs and are willing to take directives with regard to preferences of pressure and areas that you would like to have avoided. All of our massage is therapeutic and non-sexual. _____

Client Confidentiality:

Client lists and email lists are confidential. We do not share our client lists with outside companies. Therapists will respect client confidentiality outside of the Massage and Bodywork sessions. A comprehensive copy of our full privacy policy is available on request. _____

Illness:

If you are ill, please cancel your appointment. If your illness is contagious we don't want to catch it or pass it on to other clients. If you are not sure if an illness is contagious, please err on the side of caution. _____

Payment:

Payment is required at the time your massage is performed. We accept cash, debit cards, credit cards and personal checks with a local address. With a referral from a physician as a result of an accident or injury we will bill your insurance company as a courtesy with prior confirmation of benefits and coverage. _____