

## Massage Client Intake

Date \_\_\_\_\_

Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Hm Ph \_\_\_\_\_

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

Wk Ph \_\_\_\_\_

Occupation \_\_\_\_\_

Cel Ph \_\_\_\_\_

Referred by \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_

Occasionally Bodyscape offers promotions such as discount coupons and event invitations via email. We will **never** sell your address or send you spam. May we contact you through email? **Y N**

email address \_\_\_\_\_

How did you hear about **Bodyscape Massage Therapy**? *circle one*

Yellow Pages

Physician Referral

Drive-By

Google Internet Search

Other Internet Search \_\_\_\_\_

Friend \_\_\_\_\_

Other \_\_\_\_\_

### General Medical Information

*Please check 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 check all that apply:

Allergies (specifically topical)

Diabetes

Migraines

High blood pressure

Epilepsy

Arthritis, Tendonitis

Pregnant (# of weeks \_\_\_\_\_)

Wear contacts?

Recent injuries or accident

Do you have **any** other medical condition we should be aware of? specify

Comments

### FOR STAFF USE

Service provider	Thank You	Addr Bk
Email DB	Follow-Up Date	Follow-up Info
BD		Pkg?

**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 read and 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. \_\_\_\_\_