

# Salubrious Massage

## Client Intake Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Street \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Eve. Phone ( ) \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Emergency Contact Name and Phone \_\_\_\_\_ ( ) \_\_\_\_\_

Have you ever received a professional massage?  Yes  No Date of last massage \_\_\_\_\_

List any **exercise activities**. Include frequency:

List any **current medications** and purpose:

Please check any conditions that you have had in the last **five years**:

- |  |  |
|--|--|
| <input type="checkbox"/> Bone or joint disease       | <input type="checkbox"/> Numbness/tingling         |
| <input type="checkbox"/> Tendonitis/Bursitis         | <input type="checkbox"/> Pinch nerve               |
| <input type="checkbox"/> Arthritis/Gout              | <input type="checkbox"/> Allergies specify: _____  |
| <input type="checkbox"/> Jaw pain (TMJ)              | <input type="checkbox"/> Irritable bowel syndrome  |
| <input type="checkbox"/> Lupus                       | <input type="checkbox"/> Pregnant trimester: _____ |
| <input type="checkbox"/> Spinal problems             | <input type="checkbox"/> Cancer/tumors             |
| <input type="checkbox"/> Heart condition             | <input type="checkbox"/> Bladder/kidney ailment    |
| <input type="checkbox"/> Phlebitis/Varicose Veins    | <input type="checkbox"/> Chronic fatigue           |
| <input type="checkbox"/> Blood clots                 | <input type="checkbox"/> Chronic pain              |
| <input type="checkbox"/> High/Low Blood Pressure     | <input type="checkbox"/> Sleep disorders           |
| <input type="checkbox"/> Lymphedema                  | <input type="checkbox"/> Migraines/headaches       |
| <input type="checkbox"/> Breathing difficulty/Asthma | <input type="checkbox"/> Anxiety/stress syndrome   |
| <input type="checkbox"/> Sinus problems              | <input type="checkbox"/> Depression                |

Please include any additional information that is pertinent to today's session:

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## Informed Consent

I, \_\_\_\_\_ (print name) have completed this form to the best of my knowledge and agree to keep the therapist updated as to any changes in my medical profile. I understand that there shall be no liability on the therapist's part should I fail to do so. I also understand that Salubrious Massage does not work in partnership with any other organization.

I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I also understand that massage therapy is a therapeutic aid and is non-sexual.

I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician or other qualified medical specialist for any mental or physical ailments that I am aware of. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such.

I understand that if the massage therapist starts a session late, she will make it up to me at the end of my session if possible, or will reduce my fee accordingly. I understand that if I arrive late, my session will end at the originally scheduled time so the client following me is not penalized.

I agree to give 24-hours notice for a scheduled session that I cannot keep. I am aware that I may be charged the full fee for any missed sessions if I do not give 24-hours notice to cancel or reschedule.

A parent or legal guardian must accompany clients under the age of 18 during the entire session. The parent or legal guardian for any client under the age of 18 must provide written consent to the massage therapist.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### **Consent to treat minors:**

By signing below, I hereby authorize Salubrious Massage to administer massage therapy techniques to my child or dependent, as they deem necessary.

Signature of Parent  
or Guardian \_\_\_\_\_ Date \_\_\_\_\_