

# Massage Intake Form

## Personal information

Legal Name \_\_\_\_\_ Date of birth (required) \_\_\_\_\_

Nickname (what you'd like to be called) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_ Ext. \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Optional:

Male  Female  Other:

Single  Married  Partnered  Other:

Spouse/Partner name \_\_\_\_\_

Emergency contact name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency contact phone \_\_\_\_\_

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

Physician's name \_\_\_\_\_ Physician's phone \_\_\_\_\_

## Massage experience

Have you had a professional massage before?  Yes  No

If yes, what types of massage have you had (swedish, shiatsu, deep tissue, etc.)? \_\_\_\_\_

How long have you been receiving massage therapy? \_\_\_\_\_

Frequency of massages? \_\_\_\_\_

Today's Date \_\_\_\_\_

What are your goals for treatment? \_\_\_\_\_

Reason for initial visit \_\_\_\_\_

Are there any areas, besides those covered by draping at all times, that you would like me to avoid or not to touch? (Most bathing suit areas will be covered)

Yes  No If yes, what areas? \_\_\_\_\_

## Current health

List any medications or supplements( including herbal) and supplements you take : \_\_\_\_\_

Do you perform any repetitive movement in your work, sports or hobby?  Yes  No

If yes, what activities, describe and how often? \_\_\_\_\_

Do you sit for long hours at a workstation, computer or driving?  Yes  No

If yes, describe \_\_\_\_\_

Do you experience stress in your work, family, or other aspect of your life?  Yes  No

If yes, describe \_\_\_\_\_

Are you experiencing tension, stiffness, discomfort or pain?  Yes  No

If yes, describe \_\_\_\_\_

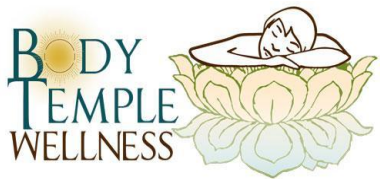
Have you recently had an injury, surgery, or areas of inflammation?  Yes  No

If yes, describe \_\_\_\_\_

Do you have sensitive skin?  Yes  No

Do you have any allergies to oils, lotions or ointments?  Yes  No

If yes, explain \_\_\_\_\_



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## Health History

### Musculoskeletal

- Bone or joint disease
- Tendonitis/Bursitis
- Arthritis/Gout
- Jaw Pain (TMJ)
- Lupus
- Spinal Problems
- Migraines/Headaches
- Osteoporosis
- Other

### Circulatory

- Heart Condition
- Phlebitis/Varicose Veins
- Blood Clots
- High/Low Blood Pressure
- Lymphedema
- Thrombosis/Embolism
- Other

### Respiratory

- Breathing
- Difficulty/Asthma
- Asthma
- Allergies, specify:
- Sinus Problems
- Other

### Nervous System

- Shingles
- Numbness/Tingling
- Pinched Nerve
- Chronic Pain
- Paralysis
- Multiple Sclerosis
- Parkinson's Disease
- Other

### Reproductive

- Pregnant, stage \_\_\_\_\_
- Ovarian/Menstrual Problems
- Prostate
- Other

### Skin

- Allergies, specify:
- Rashes
- Cosmetic Surgery
- Athlete's Foot
- Herpes/Cold Sores
- Fungus or Athlete's foot
- Recent tattoos or piercings
- Other

### Digestive

- Irritable Bowel Syndrome
- Bladder/Kidney Ailment
- Colitis
- Crohn's Disease
- Ulcers
- Other

### Psychological

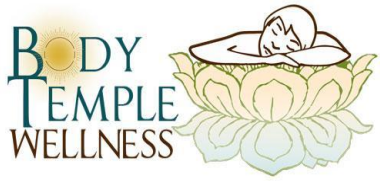
- Anxiety/Stress Syndrome
- Depression
- Other

### Other

- Cancer/Tumors
- Diabetes
- Drug/Alcohol/Tobacco Use
- Contact Lenses
- Dentures
- Hearing Aids
- Other

### Any other medical conditions not listed:

- Please explain any of the conditions that you marked:



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## Client agreement

It is my choice to receive massage therapy. I am aware of the benefits and risks of massage and give my consent for massage. I understand that there is no implied or stated guarantee of success or effectiveness of individual techniques or series of appointments. I acknowledge that massage therapy is not a substitute for medical care, medical examination or diagnosis. I have stated all medical conditions that I am aware of and will inform my practitioner of any changes in my health.

\_\_\_\_\_  
Signature Date

## Pain

Are in pain today?  
Where? \_\_\_\_\_  
How long have you been in pain? \_\_\_\_\_  
How much pain are you in? \_\_\_\_\_  
(On a scale of 1-10. With 10 as the worst)

## Draping

The Department of Health requires Massage therapists practice equal "decency" with all clients. I will offer breast draping to male clients and require it for females

I acknowledge this has been explained to me  
\_\_\_\_\_ (initials)

## Commitment to Care

I will participate fully as a member of my healthcare team. I will make sound choices regarding my sessions' plan based upon the information provided by my massage therapist. I agree to participate in my own self-care programs and adhere to the plan we select. I agree to communicate with my practitioner any time I feel my well-being is being compromised. I expect my practitioner to provide safe and effective treatment to the best of his or her skills and abilities.

Signature \_\_\_\_\_

## Gluteal Area Massage

The gluteal area can hold a lot of stress and be responsible for many problems in the legs and low back. I often give compressions in this area to help loosen the region. This is an area that, by law, is required to have written consent to massage.

Do you consent to gluteal massage?  Yes  No  
\_\_\_\_\_ (initial)

Would you prefer this is performed over a sheet?  
 Yes  No \_\_\_\_\_ (initial)

## Hormones

Are you using topical hormones?  
When did you last apply? \_\_\_\_\_  
Where? \_\_\_\_\_

## Vaccines

Have you received any vaccinations?  
When did you receive them? \_\_\_\_\_  
Where was the injection? \_\_\_\_\_  
What type of vaccine? \_\_\_\_\_



# Massage Intake Form

## Physician Information

Physician name \_\_\_\_\_

Clinic name \_\_\_\_\_

Street Address

\_\_\_\_\_

City

State

Zip

\_\_\_\_\_

Office phone \_\_\_\_\_

### Permission to consult with your physician regarding

\_\_\_\_\_?  Yes  No Your initials\_\_\_\_.

### Release of medical records

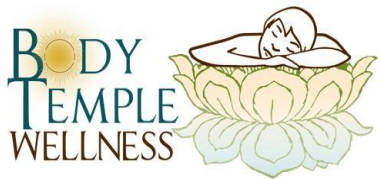
I authorize the release of medical records or other health care information, including intake forms, chart notes, reports, correspondence, billing statements, and other written information to my attorneys, healthcare providers, and insurance case managers, for the purposes of processing my claims.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or legal guardian (if client if a minor)

(Please inform your practitioner immediately upon signing any exclusive Release of Medical Records with your attorney that may impact the above release statement.)



# Massage Intake Form

appointment on time. If you are running late, please don't hesitate to give us a call. Please note that your

## Client Code of Conduct

### Clients have the right to:

- ◆ A clean, safe, comfortable, and environment
- ◆ Stop a treatment at any time, for any reason
- ◆ To talk during their treatment or ask for silence
- ◆ Be treated with consideration, dignity, and respect
- ◆ Ask questions if they want to understand more about their treatments
- ◆ Privacy. None of your information will be shared without written consent

### Clients have the responsibility to:

- ◆ Communicate their preferences, expectations, and concerns
- ◆ Communicate complete and accurate health information and reasons for their visit
- ◆ Treat staff and other guests with courtesy and respect
- ◆ *Not wear perfume or scented body lotion* in consideration of my clean air policy and other people's allergies
- ◆ Make payment for services using cash, check, or credit card. Cash is always appreciated.

## Making an Appointment

A valid credit card number or pre-payment is needed to hold any massage appointment. We recommend reserving an appointment well in advance to ensure availability; however, I am delighted to accommodate you on short notice if I have an opening. Please send email to inquire about openings.

## Arrival

Please do not knock unless the sign says to. *Please do not arrive more than 10 minutes before your appointment, unless pre-arranged.* We will start your

appointment will still end at its scheduled time, and you will still be charged the full amount of your service. I regret having to shorten any valuable time from your service due to lateness. If this is your first appointment, please print the intake form, fill it out before your appointment, and bring it with you so we can focus more time on your treatment. We will spend a few minutes before the start of your session to go over your intake forms.

## Environment

The beauty of silence helps us create a tranquil environment - please speak quietly during your healing touch journey. Please silence all cell phones upon entering the treatment room.

## Fragrance-Free

Due to this being a healing environment and because many clients who come here are chemically sensitive, it is important not to come to any session wearing fragrance or after using fragranced products. If you forget, please understand that I may not be able to work with you on that day, and your appointment may be treated as a last minute cancellation and be subject to such policies. Fragranced products include: perfume, laundry products, hair products, and other personal care products, cigarettes and vapes.

## Gratuities

Gratuities are very welcome and much appreciated although they are not mandatory. For your convenience, they may be added at the time of purchase or after your session.

## Draping

It is required that you are draped/covered during your massage. If you are uncomfortable being covered by a sheet, please find another therapist. Thank You.



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the service scheduled and will be deducted from the value of the Gift Certificate.

## Gift Certificates

Please be sure to treat your gift certificates like cash. Your gift certificate must be presented to be honored. There is a recommended “Redeem by Date.” Please schedule your appointment as soon as possible. You are just a massage away from feeling great!

## Cancellation Policy

Unanticipated events can happen in everyone’s life. In my desire to be effective and fair to all clients, I ask that you remember that both of our time is precious and valuable, as well as in demand. There is almost always a waiting list and someone else who would have liked the appointment that someone else canceled, if enough notice is given.

### *Please honor the following:*

**Canceled appointment** — 24 hours advanced notice is required when canceling an appointment. 48 hours or more is appreciated. This allows the opportunity for someone else to be added to the schedule. If you are unable to give 24 hour advanced notice, you will be charged 50% of the fee for the scheduled appointment that you missed. This amount must be paid before the next scheduled appointment. For pre-paid package holders, this would count as half of a session. Gift certificate holders, it would count for 1/2 the value of the service scheduled and will be deducted from the value of the Gift Certificate.

**Missed appointments** — Anyone who either forgets or consciously chooses to forgo their appointment for whatever reason will be considered a “no show”. They will be charged the full amount for the scheduled appointment. This amount must be paid before the next scheduled appointment. For pre-paid package holders, this would count as a full session. For gift certificate holders, it would count for the value of

**Late Arrivals** — If you arrive late to your appointment, the session may be shortened to accommodate others whose appointments follow yours. Depending on how late you arrive, there may not be enough time to start the full treatment; however, you will be responsible for the full session that was scheduled.

Please understand that these policies have been put in place out of necessity. Both of our time is valuable.

## What if you feel sick?

Please send me a message and let's have a conversation. If you have a fever, are vomiting or have other symptoms, please reschedule.

## Masking

Because I work in close proximity to my clients, for long periods of time, I mask while working in an attempt to help protect you. Clients currently have the option to mask if they want but this may have to change in the future.

## Air Filtration

There is a air filtration system in the studio space

## I have read and agree to the above policies

Sign \_\_\_\_\_  
Date \_\_\_\_\_

## I look forward to serving you!

Marilene Richardson, LMT, CH  
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