Therapist: _____

Time: _____

☐ Couples Room

MASSAGE THERAPY CLIENT INTAKE FORM

Name: _____ Phone: (_____) _____

D.O.B: _____/_____/_____ Street Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Emergency contact: _____ Phone: (_____) _____

Occupation: _____ How did you hear about us? _____

A referral from your primary care provider may be required prior to service being provided.
All client information is strictly confidential. Only I to better understand and serve the needs of my client use the information you provide on this intake form. Furthermore, the Texas Department of State Health Services requires a consultation/intake form on every massage client.

Do you have any of the following: (please mark all that apply)

_____*Cold/Flu/Fever*	_____*Diabetes*	_____*Skin Problems*
_____*Heart Trouble*	_____*High blood pressure*	_____*Arthritis*
_____*Blood Clots*	_____*Varicose Veins*	_____*Cancer*
_____*Spinal problems*	_____*Bruise easily*	_____*Contacts*
_____*Epilepsy/seizures*	_____*Numbness or pain*	_____*Osteoporosis*
_____*Any contagious disease*	_____*Recent surgeries*	_____ *Auto-Immune Disorder*
_____*Joint swelling*	_____*Allergies*	_____*Recent accident*

Are you pregnant? _____ Trimester? _____ (Recommended after 2nd trimester)

Are you taking any medications? If so please list _____

Do you have any allergies? Please list. _____

Any areas you would like to focus? _____

I, the undersigned, understand that the massage/bodywork I receive is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation and offer a positive experience of touch. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I understand that massage/bodywork practitioners 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. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that this is a full draping facility and any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for the full payment of the scheduled appointment.

_____ _____

Client Signature **Date**

_____ _____

Therapist Signature **Date**