

# Massage by Theresa Client Intake Form

## Personal Information:

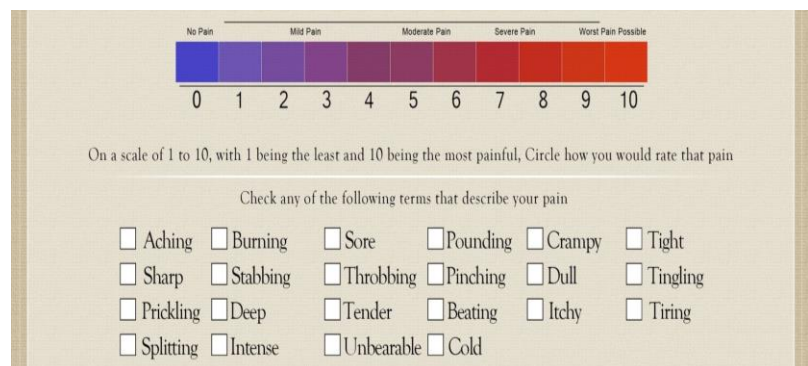
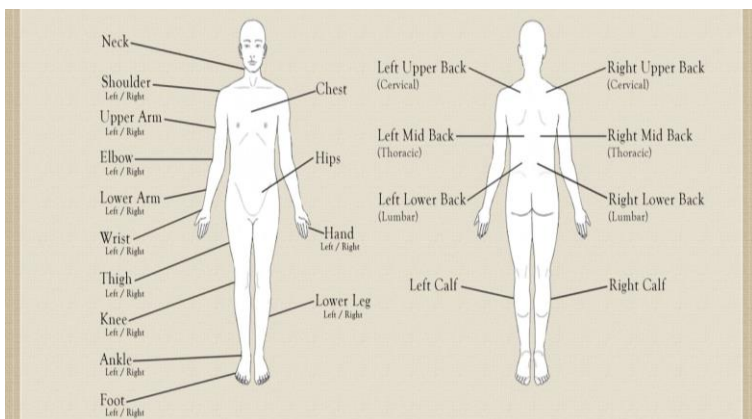
Name \_\_\_\_\_ Phone (Day) \_\_\_\_\_ Phone (Eve) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 email \_\_\_\_\_ Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**The following information will be used to help plan safe and effective massage sessions.  
 Please answer the questions to the best of your knowledge.**

Date of Initial Visit \_\_\_\_\_

1. Have you had a professional massage before?    Yes    No  
 If yes, how often do you receive massage therapy? \_\_\_\_\_
2. Do you have any difficulty lying on your front, back, or side?    Yes    No  
 If yes, please explain \_\_\_\_\_
3. Do you have any allergies to oils, lotions, or ointments?    Yes    No  
 If yes, please explain \_\_\_\_\_
4. Do you have sensitive skin?    Yes    No
5. Do you sit for long hours at a workstation, computer, or driving?    Yes    No  
 If yes, please describe \_\_\_\_\_
6. Do you perform any repetitive movement in your work, sports, or hobby?    Yes    No  
 If yes, please describe \_\_\_\_\_
7. Is there a particular area of the body where you are experiencing tension, stiffness, pain  
 or other discomfort?    Yes    No  
 If yes, please identify \_\_\_\_\_
8. Do you have any particular goals in mind for this massage session?    Yes    No  
 If yes, please explain \_\_\_\_\_

9. Please Circle areas of the body that you would like focused on, and fill out pain chart accordingly:



## Medical History

In order to plan a massage session that is safe and effective,

I need some general information about your medical history.

10. Are you currently under medical supervision? Yes No

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

11. Do you see a chiropractor? Yes No If yes, how often? \_\_\_\_\_

12. Are you currently taking any medication? Yes No

If yes, please list \_\_\_\_\_

13. Please check any condition listed below that applies to you:

- |   |  |
|---|--|
| <input type="checkbox"/> contagious skin condition  | <input type="checkbox"/> phlebitis   |
| <input type="checkbox"/> open sores or wounds       | <input type="checkbox"/> deep vein thrombosis/blood clots                              |
| <input type="checkbox"/> easy bruising              | <input type="checkbox"/> joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis |
| <input type="checkbox"/> recent accident or injury  | <input type="checkbox"/> osteoporosis  |
| <input type="checkbox"/> recent fracture            | <input type="checkbox"/> epilepsy  |
| <input type="checkbox"/> recent surgery             | <input type="checkbox"/> headaches/migraines   |
| <input type="checkbox"/> artificial joint           | <input type="checkbox"/> cancer  |
| <input type="checkbox"/> sprains/strains            | <input type="checkbox"/> diabetes  |
| <input type="checkbox"/> current fever              | <input type="checkbox"/> decreased sensation   |
| <input type="checkbox"/> swollen glands             | <input type="checkbox"/> back/neck problems  |
| <input type="checkbox"/> allergies/sensitivity      | <input type="checkbox"/> Fibromyalgia  |
| <input type="checkbox"/> heart condition            | <input type="checkbox"/> TMJ   |
| <input type="checkbox"/> high or low blood pressure | <input type="checkbox"/> carpal tunnel syndrome  |
| <input type="checkbox"/> circulatory disorder       | <input type="checkbox"/> tennis elbow  |
| <input type="checkbox"/> varicose veins             | <input type="checkbox"/> pregnancy If yes, how many months?                            |
| <input type="checkbox"/> atherosclerosis            |  |

Please explain any condition that you have marked above \_\_\_\_\_

14. Is there anything else about your health history that you think would be useful for your massage practitioner to know to plan a safe and effective massage session for you? \_\_\_\_\_

15. I, \_\_\_\_\_ understand that the massage I receive is provided for the purpose of relaxation and/or therapeutic means. If I experience any pain or discomfort during this session, I will immediately inform the massage therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I understand that proper draping will be used during the entire session to ensure privacy is kept, and I understand that this draping is necessary for both the comfort of the client and the Massage Therapist to maintain professional boundaries. 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, chiropractor, or other qualified medical specialist for any mental or physical ailment 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 anything said during the session given should not be construed as such. Focused attention and manual therapy will be given as agreed upon by therapist and client for the predetermined goals of stress reduction, relief of muscular discomfort, and/or health promotion. The Massage Therapist has discussed the potential benefits and possible side effects of this therapy and I have been given an opportunity to ask questions. Because massage 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 Massage Therapist updated as to any changes in my medical profile and I understand that there shall be no liability on the Massage Therapist's part should I fail to do so. I also agree to ensure that the Massage Therapist is provided with written consent from myself as the client to release personal information, including treatment notes, in the event of third party/legal requests, and can

withdraw this consent at any time. I also understand that all personal information, health history (including current health concerns), and documents that I disclose to the Massage Therapist, and treatment notes, are kept safe and confidential by strict clinical standards maintained in accordance to Privacy Laws, Standards of Practice, and Code of Ethics of the Massage Therapist. I understand that a written referral from my primary care provider is required if I have a specific medical condition or symptoms for which I take medication or receive periodic evaluation or treatment, to allow the Massage Therapist to provide a safe massage treatment. Furthermore, I also understand that the Massage Therapist does not discriminate which includes regarding race, religion, sexual preference, or gender. I understand that the Massage Therapist reserves the right to end the massage therapy session in the case of sexual innuendo, behaviour, or advances from the client, and that the client has the same right in the instance of sexual advances, behaviour, or innuendo from the Massage Therapist. I understand and agree that both the Massage Therapist and Client have the right to terminate the session at any time if there is any kind of belligerent behaviour.

**GRATUITY**

- It is appropriate to give a tip to the Massage Therapist for providing a service that meets the client's expectations and goals; however, there is absolutely no expectation of obligation to tip. If the additional expense of tipping prevents the client from seeking the needed treatment, then the Massage Therapist would rather a tip not be given. Returning for future treatments and referring friends/family are great ways of showing appreciation.
- Tips will not show on receipt given as tips cannot be claimed by benefits/extended health insurance.

**CHILD/MINOR POLICY**

- Informed Written Parental Consent must be provided by Parent or Legal Guardian upon the arrival of the first massage appointment if their child is under the age of 18 and will be receiving treatment.
- Any client 10 years or UNDER must be accompanied by a parent or legal guardian during the entire session. Any client OVER the age of 10 years may choose to have parent or legal guardian attend or not attend entire session if parent or legal guardian agrees with client.

**LATE CANCELLATION & NO-SHOW POLICY**

- Any Late Cancellations made by the client within the SAME DAY as the scheduled appointment will result in a \$30.00 Fee charged to that client's account to be paid at the next scheduled massage appointment, or as arranged with Theresa.  
If the client needs to cancel a massage appointment with Theresa, they may do so no later than the day before the scheduled appointment to prevent a Late Cancellation Fee. The client can cancel their appointment by calling the clinic at 403-854-2110, OR they can call/text Theresa directly to cancel at 403-854-0239.
- Any client that fails to show up for their scheduled massage appointment will be contacted by Theresa directly and will be charged the full price of the massage duration that was booked. This No-Show Fee will be charged to the client's account to be paid at the next scheduled massage appointment or as arranged with Theresa.  
It is the client's responsibility when booking a massage appointment to ensure they can make it to their appointment. If the client is unable to keep their appointment for any reason, then it is their responsibility to inform the clinic or Theresa directly As Soon As Possible. Please be considerate of Theresa's time as the Practitioner, and for other clients needing to book as availability is limited.

**By signing below, I understand the above agreement and attest that all information provided on this form is true and accurate to the best of my knowledge, and I give my consent to receive the treatment discussed in this and all future sessions. I also agree that my presence at subsequent sessions shall be construed to be validation of this written consent. I have read this form and hereby freely give my permission to be massaged.**

**I also understand and agree to respect and follow all policies in place from this day forward, including consenting and agreeing to pay appropriate fees regarding the Late Cancellation & No-Show Policy, in the instance that I do not provide enough notice when cancelling an appointment, or if I miss a scheduled appointment for any reason.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Massage Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_