

Massage Intake Form



Name: _____ DOB: _____ F / M

Address: _____

Phone / Mobile: _____ Occupation: _____

E-mail address (for invoices / newsletters): _____

Emergency contact / name _____ / _____

Health Fund: _____ Referral: _____

Please list any recent or past injuries or medical conditions, incl. Surgery:

Are you currently taking any medication / supplements?

Are you currently under medical treatment? Yes / No
If so what condition:

Are you allergic to almond oil/ fisio cream/ other? Yes / No

Health issues (even minor ones) – please tick if applicable:

- | | | |
|---------------------------|-----------------------|-------------------------|
| Bleeding Disorder | Brittle Bones | High/Low Blood Pressure |
| Autoimmune Disease | Pregnancy | Arthritis |
| Heart Condition | Neuropathy / Numbness | Scoliosis |
| Venous Disease | Edema / Lymphedema | Jaw problems |
| Blood Clotting Disorder | Heat Sensitivity | Disc / spinal problems |
| Skin infection / problems | Hernia | Sciatica |
| Diabetes | Headaches / Migraines | Joint dysfunction |
| Cancer / tumour | Hearing difficulties | Different long legs |
| Flu / Cold | Dizziness | Other |

Is there anything else about your health history that you think would be useful for us to know?

What kind of sports do you do? _____

What would you like to achieve from your massage session?

Cancellation Policy

We respectfully ask that you provide us with a 24 hour notice of any schedule changes or cancellation requests. Please understand that when you cancel or miss your appointment without providing a 24 hour notice we may be unable to fill that appointment time. This is an inconvenience to a small business and also means our other clients miss the chance to receive services they need. Serial Cancellations without making contact will occur a 50% non-attendance fee.

Treatment Agreement

- ✚ I understand that the massage therapy I receive is for the purpose of relief from muscular tension, spasm or pain and stress reduction. If I experience any pain or discomfort during this session, I will immediately tell Teresa so that the pressure and/or strokes may be adjusted to my level of comfort.
- ✚ I understand that massage therapists are not qualified to diagnose any illness or disease, and nothing said or done during the session should be construed as such.
- ✚ I further acknowledge 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 ailment that I am aware of.
- ✚ 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.
- ✚ It is common to have some pain and even slight swelling for one or two days after receiving deep corrective massage and cupping. This is called therapeutic inflammation.
- ✚ Understanding all this, I give my consent to receive care and agree to the cancellation policy.

Signature

Date