

Client Intake and Consent

Name: _____ Today's date: _____

Date of Birth: _____ Gender/pronouns: _____

Phone: _____ Email: _____

Referred by: _____

Emergency contact: _____ Phone: _____

Have you received professional massage/bodywork before? Yes No

What are your goals/expected outcomes for receiving massage/bodywork?

What are your current symptoms/priorities?

Do you have any past injuries or surgeries that may influence today's treatment?

Are there any areas of your body you prefer not to have touched? No Yes

Are you pregnant? No Yes

Circle any of the following health conditions that you currently have. Explain in detail on the back of the page:

- | | | |
|---------------------------|--|---------------------------------------|
| Blood clots (DVT, stroke) | Infections | Congestive Heart Failure |
| Contagious disease | Pitted edema | Numbness or tingling |
| Bruise easily | Sensitive to touch | Varicose veins |
| High/Low blood pressure | Stroke, heart attack | Cancer treatment |
| Epilepsy, seizures | Headaches, Migraines | MS, Parkinson's, chronic pain |
| Dizziness, tinnitus | Arthritis | Osteoporosis, degenerative spine/disk |
| Scoliosis | Broken bones | Allergies (skin) |
| Diabetes | Memory Loss, confusion, easily overwhelmed | |

Consent for Treatment

If I experience any pain, discomfort, or unease during this session, I will immediately inform the practitioner so that the pressure, strokes, or draping may be adjusted to my level of comfort. I further understand that massage/bodywork 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 of which I am aware. 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 any illicit or sexually suggestive advances made by me may result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. Understanding all of this, I give my consent to receive care.

Client Signature: _____ Date: _____

Parent Signature (in case of a minor): _____ Date: _____