



Massage Therapy Intake Form

Name:

Date of Birth:

Phone #:

Email:

How did you hear about us?

Have you had a professional massage before?

Do you have any allergies or sensitivities?

Are you taking any medication? If so, for what?

Are you currently under the care of a physician? Explain.

Are you currently under the care of a chiropractor?

Have you had any injuries, breaks, or accidents? Explain.

Do you suffer from chronic pain? What makes it better/worse?

What are your goals for this treatment session? Relaxation,
Therapeutic/Deep Tissue?

Are you currently pregnant or nursing?

Please indicate any of the following that apply to you:

Cancer

Fibromyalgia

Joint Replacement(s)

Stroke

Heart Attack

Migraines

Diabetes

Neuropathy

Blood Clot

Strains

Headaches

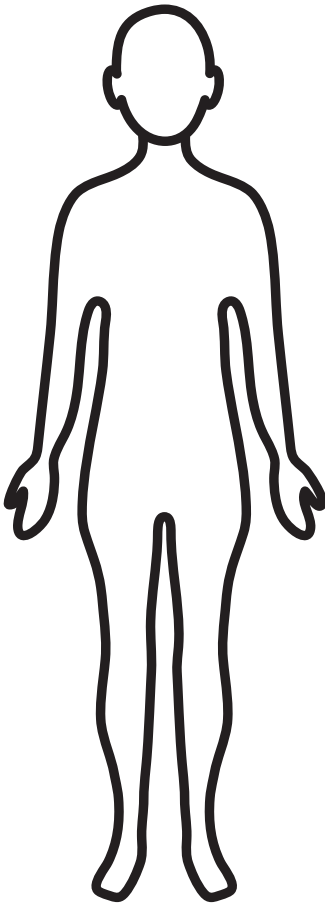
Arthritis

High/low blood pressure

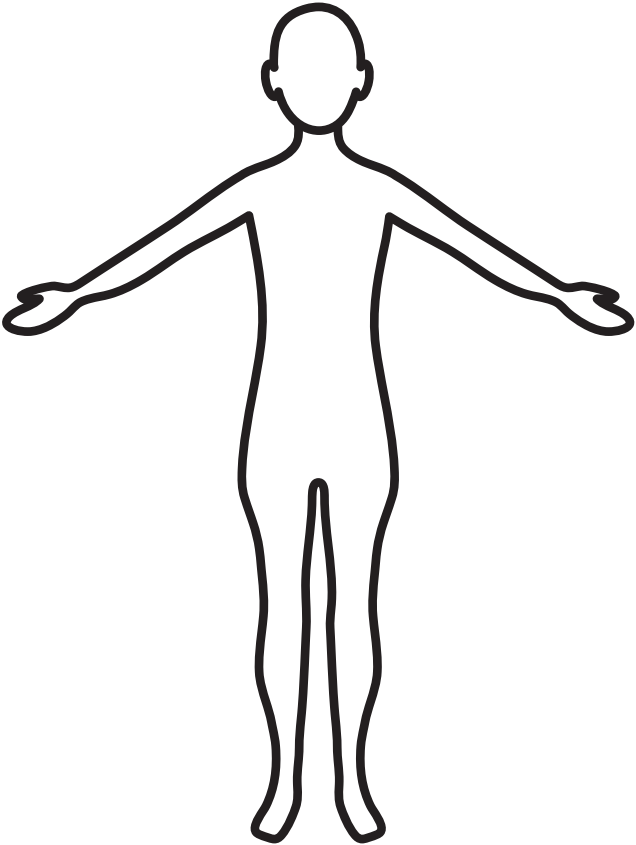
Kidney Dysfunction

Sprains

Indicate which areas you would like to specifically address during your session



Front



Back

By signing below, I agree to the following:

- 1) I give my permission to receive massage therapy.
- 2) I understand that therapeutic massage is not a substitute for traditional medical treatment or medications.
- 3) I understand that the massage therapist does not diagnose illnesses or injuries, or prescribe medications.
- 4) I have clearance if needed from my physician to receive massage therapy.
- 5) I understand the risks associated with massage therapy include, but are not limited to: • Superficial cupping marks • Short-term muscle soreness • Exacerbation of undiscovered injury. I therefore release the massage therapist from all liability concerning these injuries that may occur during the massage session.
- 6) I understand the importance of informing my massage therapist of all medical conditions and medications I am taking, and to let the massage therapist know about any changes to these. I understand that there may be additional risks based on my physical condition.
- 7) I understand that it is my responsibility to inform my massage therapist of any discomfort I may feel during the massage session so they may adjust accordingly.
- 8) I understand that I or the massage therapist may terminate the session at any time.
- 9) I have been given a chance to ask questions about the massage therapy session and my questions have been answered.
- 10) I understand that payment is due at the time of service.
- 11) In the event that I miss an appointment, I understand that I will be charged 100% of the service price. A 50% rescheduling fee may apply if within 12 hours of appointment time.

Name

Date

Signature

Precautionary Coronavirus Liability Release Form

Due to the outbreak of the novel Coronavirus, COVID-19, we are taking extra precautions with the intake of each client, health history review, as well as sanitization and disinfecting practices.

Please complete the following and sign below.

Symptoms of COVID-19 include:

- **Fever** • **Fatigue** • **Dry cough** • **Difficulty breathing** • **Chills** • **Nausea or vomiting**
- **Diarrhea** • **Confusion** • **New widespread muscle pain** • **Headaches** • **Red or purple toes**
- **Loss of taste & smell** • **Bruising, redness, swelling, or cramping in lower legs and feet**

I, _____ agree to the following:

- I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.
- I affirm that I, as well as all household members, have not been diagnosed with COVID19 within the last 30 days.
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the last 30 days.
- I affirm that I, as well as all household members, have not traveled outside of the country, or to any city outside of our own that is or has been considered a "hot spot" for COVID-19 infections within the last 30 days.
- I understand that this business and my massage therapist cannot be held liable for any exposure to the virus or any other contagion caused by misinformation on this form or the health history provided by each client.
- By signing below I agree to each above statement and release the massage therapist and business from any and all liability for the unintentional exposure or harm due to COVID-19.
- Your massage therapist and all employees of this facility agree that they abide by these same standards and affirm the same. We also affirm that we have improved and expanded our sanitization protocols to more thoroughly fight the spread of COVID-19 and other communicable conditions.

Client Signature _____ Date _____