

Allergies/sensitivities:

Oils Food Scents Detergents Other

Stress reduction/ exercise activities: _____

Frequency: _____

Check any of the following that apply to your current health:

- | | | | |
|-------------------------------------|---|---|---|
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Heart conditions | <input type="checkbox"/> Circulatory conditions | <input type="checkbox"/> Blood Clots |
| <input type="checkbox"/> Infections | <input type="checkbox"/> Cancer | <input type="checkbox"/> Difficulty Breathing | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Headaches | <input type="checkbox"/> Inflammation | <input type="checkbox"/> Sleep Problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Allergies | | |

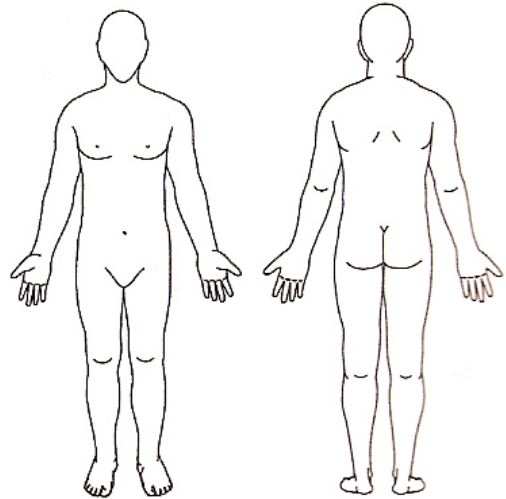
Mark on Figures all areas of:

Pain, tenderness with **O** (circle)

Numbness, tingling with **Z**

Swelling or stiffness with **X**

Bruises, open wounds with **W**



Previous History

If applicable please describe type and date

Surgeries:

Accidents:

Major Illness:

Do you have any questions, special requests, or concerns?

How did you hear about us?

Friend Family Coworker Google Yelp Other

Consent for Care

I have read and understand this intake form and have completed it to the best of my knowledge and consent to this massage therapy session. I understand that massage therapy is a therapeutic health aid for the purpose of stress reduction and relief from muscular tension and is non-sexual. I understand that massage therapists do not diagnose illness, disease or any physical or mental disorder; nor do they prescribe medical treatment, pharmaceuticals, or perform spinal manipulations. I acknowledge that massage is not a substitute for medical examinations or diagnosis, and that it is recommended that I see a Primary Health Care Provider for any physical ailment I may have.

Cancellation Agreement

In consideration of my fellow patients and my massage therapist time, I understand that a minimum of **24 hours** notice is required to change or cancel an appointment. I further acknowledge that appointments missed or cancelled within the 24 hour time period are subject to the regular massage fee unless I send someone in my place. In case of an emergency, I will call as soon as possible to reschedule my appointment and no cancellation fee will be expected.

By my signature I confirm that I have read the aforementioned policies and agree to the terms set out.

Signature _____ Date _____