**Client Intake Form – Therapeutic Massage**

**Personal Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name and Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 perform any repetitive movement in your work, sports, or hobby? Yes / No

If yes, please describe:

6. Do you experience stress in your work, family, or other aspect of your life? Yes / No

If yes, how do you think it has affected your health?

muscle tension ( ) anxiety ( ) insomnia ( ) irritability ( ) other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Is there a specific 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 specific goals in mind for this massage session? Yes / No

If yes, please explain

Circle any specific areas you would like the massage therapist to concentrate on during the session:



**Areas of consent:**

( ) Face/Head ( ) Pectorals ( ) Abdominal ( ) Gluteus ( ) Feet

**Desired Pressure (Circle):**

**Light** 1 2 3 4 5 6 7 8 9 10 **Deep**

**Medical History**

( ) phlebitis

( ) deep vein thrombosis/blood clots

( ) joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis

( ) osteoporosis

( ) epilepsy

( ) headaches/migraines

( ) cancer

( ) diabetes

( ) decreased sensation

( ) back/neck problems

( ) Fibromyalgia

( ) TMJ

( ) carpal tunnel syndrome

( ) tennis elbow

( ) pregnancy If yes, how many months?

9. Are you currently under medical supervision? Yes / No

If yes, please explain

10. Do you see a chiropractor or physical therapist? Yes / No

If yes, how often?

11. Are you currently taking any medication? Yes / No

If yes, please list

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

( ) contagious skin condition

( ) open sores or wounds

( ) easy bruising

( ) recent accident or injury

( ) recent fracture

( ) recent surgery

( ) artificial joint

( ) sprains/strains

( ) current fever

( ) swollen glands

( ) allergies/sensitivity

( ) heart condition

( ) high or low blood pressure

( ) circulatory disorder

( ) varicose veins

( ) atherosclerosis

Please explain any condition that you have marked on the previous page in the space provided below.

13. 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?

\*Draping will be used during the session – only the area being worked on will be uncovered.

\*Clients under the age of 16 must be accompanied by a parent or legal guardian during the entire session.

\*Informed written consent must be provided by parent or legal guardian for any client under the age of 18.

***\* Gratuity is greatly appreciated! \****

**Massage Therapy Informed Consent**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (client) understand that massage is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation and offer a positive experience of touch. The general benefits of massage, possible massage contraindications and the treatment procedure have been explained to me. I understand that massage therapy is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my primary caregiver for any condition I may have. I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of massage therapy. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist’s part should I fail to do so.

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

**CANCELLATIONS:**

Your business is valued, and your cooperation is appreciated. We are making a commitment to you to guarantee your appointment time and refusing all other requests once you have made the appointment. A 24-hour cancellation notice is required for any member scheduled appointments including gift certificate sessions. **A 72-hour cancellation notice is required for any non-member scheduled appointments.** Missed or no-show appointments will result in you being charged the full amount of the session booked unless the appointment can be filled. Depending on our booking schedule, late appointments may not receive the full session time allotted for the treatment service booked: Full payment is required. In emergency cancellation situations, discretion is given to Premier Therapeutics, LLC and the massage therapist performing the service. No refunds.

Memberships expire 12 months from the day that the intake form is signed provided the membership was purchased that day. Otherwise, memberships expire 12 months from the date of purchase. Members can opt out of memberships if a written request is received 30 days prior to the first day of the following month. Otherwise the member will be charged for the following month. In the case of a declined membership charge, an invoice will be sent to the client which must be paid by the 3rd day of the month. Failure to comply will result in a manual charge to the card on file. Failure to render payment by the 5th day will result in a loss of the membership and forfeiture of all bonus and free services with no refunds or redemptions. In the case of membership loss or cancellation, any qualifying remaining sessions must be used within 60 days. Initial\_\_\_\_\_\_\_

**PRACTICE:**

Massage Therapy is a profession in which the practitioner applies manual techniques, and may apply adjunctive therapies, with the intention of positively affecting the health and well-being of the client.

Massage Therapists do not diagnose or prescribe for medical conditions nor are they allowed to provide treatment for a specific condition without a doctor's written permission. The massage therapist is required to refer you for diagnosis and to follow recommendations of your physician.

Sessions are conducted at the company’s, client’s and therapist’s discretion. All parties reserve the right to terminate a session.

Premier Therapeutics, LLC and therapist reserve the right to refuse any client or potential client.

Initial\_\_\_\_\_\_\_

**CLIENT NEEDS AND BOUNDARIES:**

We will gladly adjust pressure, temperature, music volume, work longer on an area or move on if you request it.

The client may choose to: leave on as much clothing as needed for comfort, refuse any massage methods, stop massage at any time and is free to leave; the therapy door is never locked.

The client will always be modestly draped. Only the area being massaged will be undraped.

Occasionally, an emotional response to massage occurs. If this happens, it is ok to express the feelings in our safe, nonjudgmental environment - or you may request privacy and end the session. You are in control.

Initial\_\_\_\_\_\_\_

**PROFESSIONAL BOUNDARIES:**

Requests for sexual activity will not be tolerated, will be viewed as solicitation, and reported to the proper authorities. The client will not be rescheduled for future sessions, will be charged for the remainder of the session, and have membership privileges revoked if this occurs.

The breast and genital area will not be massaged under any circumstances. Permission will be asked before working close to these areas; otherwise, a professional distance will be maintained. The gluteal area will be massaged only with permission and can be worked through the draping if requested.

Sexual interaction of any kind between the client and the massage therapist is NEVER appropriate. On rare occasions an involuntary sensual response to massage is natural and will subside on its own in a few moments.

We **do not** massage anyone under the age of 18 unless parent or guardian is present.

 Initial\_\_\_\_\_\_\_

**CONFIDENTIALITY AND CONVERSATION:**

The discussion between the massage therapist and the client is confidential. The client may or may not choose to talk during the massage.

We are happy to listen to your conversation and share our professional expertise. We prefer to not discuss topics of a political or sexual nature.

Initial\_\_\_\_\_\_\_

**COVID-19:**

Due to the 2019-2020 outbreak of the Coronavirus (COVID-19), Premier Therapeutics, LLC is taking extra precautions with the care of every client to include health history review and enhanced sanitation/disinfecting procedures in compliance with CDC, state, and LABMT guidance.

Symptoms of COVID-19 include but are not limited to:

* Fever
* Fatigue
* Dry Cough
* Difficulty Breathing

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 COVID-19 within the past 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 past 30 days.
* I affirm that I, as well as all household members, have not traveled outside of the country or to any city considered to be a “hot spot” for COVID-19 infections within the past 30-days.
* I understand that Premier Therapeutics, LLC cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each client.

Our business is following theses enhanced procedures to prevent the spread of COVID-19:

* Temperature checks
* Protective masks
* Sanitizing before and after each session
* Hand washing
* Limiting number of clients in office
* Limiting number of sessions per day
* 30 minutes between sessions to ensure proper cleaning/sanitizing

By initialing below, I agree to each statement above and release Premier Therapeutics, LLC, its affiliates, contractors, employees, etc. from any and all liability for unintentional exposure or harm due to COVID-19.

Initial\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (client) was given an opportunity to ask questions about anything regarding polices, consent and massage services with Premier Therapeutics, LLC. I have read, understand, and agree to adhere to the policies and waivers set before me.

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