MASSAGE/MANUAL THERAPY INTAKE

Name: Prefer to be Called:
Phone Number: OK to receive text messages? YES NO
Date of Birth: Preferred Pronoun:
Address: City: State: Zip:
Email: Occupation:
Emergency Contact: EC Phone:

How did you hear about us?
Previous Professional Massage/Bodywork Experience? YES NO Frequency:
Do you have allergic reactions to oils, lotions or other substances applied to your skin or to any scents or essential oils?
Do you have trouble lying on your back, stomach, or side?
Do you have areas of your body that you prefer to have avoided?
Do you usually prefer: Light Pressure Medium Pressure Deep Pressure

HEALTH HISTORY Please check the box to select

- Anxiety
- Blood Pressure High Low
- Easy Bruising
- Cancer or previous lymph node removal
- Chronic Pain
- Current Cold or Flu Symptoms
- Post COVID-19 Syndromes
- Diabetes
- Digestive Problems
- Ehlers-Danlos Syndrome
- Fibromyalgia
- Headaches
- Hearing Loss
- Heart Condition
- Artificial Joints / Limbs
- Joint Disorders/Arthritis/Tendonitis/Bursitis
- Numbness/Tingling
- Osteoporosis
- Skin Conditions/Cuts/Eczema/Psoriasis/Rashes/Warts
- Varicose Veins

Any other conditions I should be aware of?
For women – are you pregnant? How many weeks:
Please list any/all medications you are currently taking:

Please list past surgeries and the date:

Major accidents, illnesses, or injuries:

What are your goals for this session/series?

I acknowledge that I have or will be interviewed about my health before my session. I understand that the Practitioner is not responsible for the aggravation of conditions not disclosed at the time of the massage and which may be affected by massage or manual therapy.

Client Signature: Date:

Signature of Guardian/Legal Representative: Date:
Printed Name:

Release of Liability to Receive Massage/Bodywork

I understand that Christy O'Brien (hereinafter referred to as Practitioner) is not a physician and cannot diagnose any illness, disease, or physical or mental disorders. Any information provided is for educational purposes only.

I have informed, or will inform, the Practitioner of any existing health conditions and medications I am taking so that the Practitioner can design and deliver the treatment effectively with the goal of not exacerbating any condition that I may have. The Practitioner is not liable for exacerbation of any condition that I do not disclose. I understand that there is a risk that massage may aggravate a condition, whether disclosed to the Practitioner or not. I will continue to update the Practitioner with regards to my health.

If I experience any pain or discomfort during this/these session(s), or after the session, I will Immediately inform the Practitioner so that the pressure, procedure, or exercise may be discontinued or adjusted to my level of comfort. I have the right to end the session at any time for any reason. I have a right to direct or restrict the type of touch that I receive.

The Practitioner will maintain appropriate professional and ethical boundaries during the massage/bodywork session. I agree to do the same. If the therapist is acting in an improper manner, I will immediately end the session. If the therapist feels that I am acting in an improper manner, they will immediately end the session. Verbal or physical behavior of a sexual nature or threats or suggestions of violence are contrary to a healing environment and are grounds to immediately end a session.

All cancellations require 24-hours' notice or the full session fee will be charged. If the appointment can be filled, I will not be charged. Fees are due and payable at the time services are rendered, unless prior arrangements have been made. If I have an emergent illness or injury, I will contact the Practitioner so a decision can be made about rescheduling.

I am over 18 years of age, or I am a parent or legal guardian acting on behalf of a minor child or adult in my care, and have read the above liability release, understand and agree to the terms.

Signature: Date:
Name:

Signature of Parent/Legal Guardian: Date:
Printed Name: Client Name: