Raúl Castro Bodywork & Massage
Client Intake Form

Personal Information

(All information provided is strictly confidential and will not be shared.)

(Please write clearly)

Name _____
Phone (cell or home) _____
Address _____
City, State, Zip _____
Email _____ (Email offers & Birthday Discounts)
Date of Birth _____
Emergency Contact _____
Phone _____
Physician _____
Phone _____
Occupation _____

Massage Information

Who may I thank for referring you? _____

Have you ever had a professional massage before? _____ yes _____ no

If yes, how often to you receive massage therapy? _____

Are you sensitive to fragrances or perfumes? _____ yes _____ no

Do you have sensitive skin? _____ yes _____ no

Do you wear contact lenses? _____ yes _____ no

Do you exercise regularly? _____ yes _____ no

If so, what type(s)? _____

Physical History

What are your common areas of pain or tension?

_____
_____
_____

Do you see a chiropractor? _____ yes _____ no
If so, how often? _____

Are you currently under medical care? _____ yes _____ no

Are you currently taking any prescription medication? If so, for what? _____
_____
_____

Please indicate any conditions that you have had or currently have:

_____ headaches, migraines
_____ allergies, sensitivity
_____ arthritis, tendonitis
_____ cancer, tumors
_____ TMJ problems
_____ abnormal skin condition
_____ heart/circulation problems
_____ joint replacement / surgery
_____ high / low blood pressure
_____ major accident
_____ varicose veins
_____ pregnant (currently)
_____ I.U.D.
_____ blood clots
_____ neck / back injuries
_____ diabetes
_____ paralysis
_____ fibromyalgia
_____ numbness
_____ sprains, strains
_____ recent injuries
_____ lack of or reduced feeling / sensation _____

Explain any conditions that you have marked above:

_____
_____
_____

Informed Consent and Massage Policies (Please read & initial)

I understand that the massage is for the purpose of stress reduction, relief from muscular tension or spasm. _____

I understand that the massage therapist does not diagnose illness, disease, or any further physical or mental disorders. As such, the massage therapist does not prescribe medical treatment or pharmaceuticals, nor do they perform spinal manipulations. _____

I understand that massage is not a substitute for medical treatment or diagnoses and that it is recommended that I see a physician for any physical ailments that I may have. _____

I understand that it is my responsibility to inform the massage therapist of any changes to this information. _____

I understand that if I experience any unusual discomfort during my massage sessions it is my responsibility to verbally inform the massage therapist at the time that it is being experienced so that they can adjust the pressure or technique being used. _____

I understand that there is no stated or implied guarantee of success or effectiveness for bodywork/massage sessions. It is my choice to receive bodywork/massage and I give my consent for bodywork/massage. _____

Cancellation Policy - Your appointment time has been set aside especially for you. A 24 hour cancellation notice is required if you are unable to keep the appointment. If I do not receive 24 hour notice you will be sent a bill for 50% of the cost for the missed appointment, and in the future you will be required to give a credit card when booking your appointment.

I agree to notify Raul Castro by phone with at least 24 hours notice if I am currently feeling sick, or have been sick within the past 7 days (ie. Flu, cold etc.) I understand that my appointment may have to be rescheduled until any illness has passed. Likewise, I understand that if the massage therapist is feeling unwell I may have to postpone my appointment for a later date and time. _____

Privacy Policy - All written records and massage sessions are kept strictly confidential and will not be shared with any outside establishment, individuals, organizations, or medical facilities without explicit written consent from the client (you) or the client's legal guardian. Unless legally required by local, state, or federal subpoena,
summons, or other court order. _____

I acknowledge that the information I have provided on this form is correct and current to the best of my knowledge. _____

Client Signature

_____

Date

_____

_____

Massage Therapist Signature

_____

Date

_____