

# Client Intake Form – Therapeutic Massage

## Personal Information:

Name \_\_\_\_\_ Phone (Day) \_\_\_\_\_ Phone (Eve) \_\_\_\_\_

Address \_\_\_\_\_

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

email \_\_\_\_\_ Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**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. Are you wearing contact lenses ( ) dentures ( ) a hearing aid ( ) ?

6. Do you sit for long hours at a workstation, computer, or driving? Yes No

If yes, please describe \_\_\_\_\_

7. Do you perform any repetitive movement in your work, sports, or hobby? Yes No

If yes, please describe \_\_\_\_\_

8. 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 \_\_\_\_\_

9. Is there a particular area of the body where you are experiencing tension, stiffness, pain

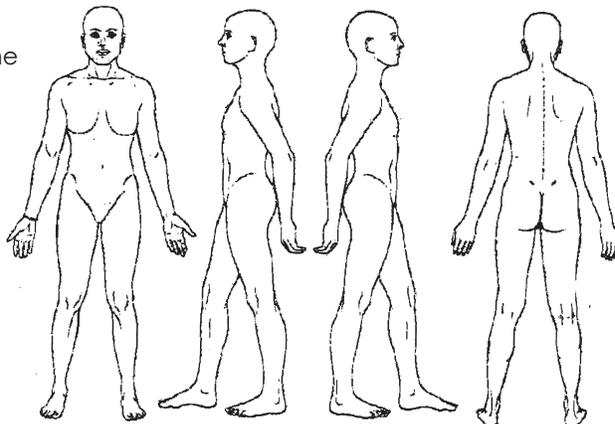
or other discomfort? Yes No

If yes, please identify \_\_\_\_\_

10. Do you have any particular 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:



## Medical History

In order to plan a massage session that is safe and effective,  
I need some general information about your medical history.

11. Are you currently under medical supervision? Yes No

If yes, please explain \_\_\_\_\_

12. Do you see a chiropractor? Yes No If yes, how often? \_\_\_\_\_

13. Are you currently taking any medication? Yes No

If yes, please list \_\_\_\_\_

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

- |   |  |
|---|--|
| <input type="checkbox"/> contagious skin condition  | <input type="checkbox"/> phlebitis   |
| <input type="checkbox"/> open sores or wounds       | <input type="checkbox"/> deep vein thrombosis/blood clots                              |
| <input type="checkbox"/> easy bruising              | <input type="checkbox"/> joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis |
| <input type="checkbox"/> recent accident or injury  | <input type="checkbox"/> osteoporosis  |
| <input type="checkbox"/> recent fracture            | <input type="checkbox"/> epilepsy  |
| <input type="checkbox"/> recent surgery             | <input type="checkbox"/> headaches/migraines   |
| <input type="checkbox"/> artificial joint           | <input type="checkbox"/> cancer  |
| <input type="checkbox"/> sprains/strains            | <input type="checkbox"/> diabetes  |
| <input type="checkbox"/> current fever              | <input type="checkbox"/> decreased sensation   |
| <input type="checkbox"/> swollen glands             | <input type="checkbox"/> back/neck problems  |
| <input type="checkbox"/> allergies/sensitivity      | <input type="checkbox"/> Fibromyalgia  |
| <input type="checkbox"/> heart condition            | <input type="checkbox"/> TMJ   |
| <input type="checkbox"/> high or low blood pressure | <input type="checkbox"/> carpal tunnel syndrome  |
| <input type="checkbox"/> circulatory disorder       | <input type="checkbox"/> tennis elbow  |
| <input type="checkbox"/> varicose veins             | <input type="checkbox"/> pregnancy If yes, how many months?                            |
| <input type="checkbox"/> atherosclerosis            |  |

Please explain any condition that you have marked above \_\_\_\_\_

15. 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 17 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 17.

I, \_\_\_\_\_ (print name) understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. 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.

Signature of client \_\_\_\_\_ Date \_\_\_\_\_

Signature of Massage Therapist \_\_\_\_\_ Date \_\_\_\_\_

## Informed Consent & Waiver

### Massage & Body Work Patient Information & Informed Consent Form

1. I understand that massage body workers and holistic practitioners are not medical doctors and do not diagnose illness, disease, or any physical or mental disorder. I acknowledge that massage and alternative holistic therapies are not substitutes for medical treatment, and that Oly Float Inc., "the company", recommends I see a primary healthcare provider for that service. I understand that it is my responsibility to communicate with my therapist if I have concerns, preferences, or questions about my session.
2. Certain skin and circulatory conditions can make Swedish and deep tissue massage a health risk. **If I have any circulatory health problems, especially congestive heart failure, kidney disease, history of blood clots or strokes, or edema, am taking blood thinning medications, and/or am pregnant at any stage,** I understand that I must consult my physician before receiving these types of massage and inform my massage therapist of my conditions for my own safety. (While massage may be a health risk with these conditions, we do offer alternative bodywork that would be safe.) The therapist reserves the right to decline, discontinue, or restrict services based on any provided information that may indicate that massage therapy would put my health or the therapist's health at risk.
3. I agree not to come for massage while sick with contagious diseases, and to inform my massage therapist of any areas with contagious skin infections so that they may take precautions to avoid infecting themselves.
4. **I understand that massage therapy and body work services are a therapeutic health aid and are non-sexual. I understand that any illicit, inappropriate, romantic or sexually suggestive remarks, jokes, or personal advances of any kind, made by me will result in immediate termination of the session, and I will be liable for full payment of the session.**
5. Any information exchanged during a massage or body work session is confidential and is only used to provide me with the best health care services available. I understand that a massage therapist will ask me questions about my health and physical condition and that I am obligated to answer truthfully and honestly about my health history in full detail.
6. To ensure that I have the best massage possible, I agree to provide feedback during my session if I experience any unusual discomfort and/or pain. I acknowledge that it is my responsibility to inform the therapist in order to enable the therapist to adjust the pressure or technique being used.
7. I acknowledge that I am responsible to be on time for my appointments and that the therapist is not under any obligation to extend my therapy session.
8. I have stated all of my known medical conditions on the Client Intake form. I have consulted a medical doctor or licensed medical health care practitioner regarding any checked or described conditions.
9. I understand that it is solely my responsibility to keep the therapist updated on any changes in my physical health and I further understand that the company and the therapist shall not be liable for any purpose and for any reason whatsoever, should I fail to keep my information updated.
10. I have reviewed this form in its entirety and I have discussed all my concerns regarding my treatment with my therapist.

\_\_\_\_\_ (Initial)

## Acknowledgement Section

### Client:

By signing this "Informed Consent and Wavier", I consent to receive therapy at Oly Float Inc. and hereby agree to all policies of Oly Float Inc., and waive and release Oly Float Inc. and its entire staff, massage therapists, and body work practitioners from any and all past, present, and future liability, loss, cost, claim, or damage whatsoever which may be imposed upon the Company relating to massage therapy and body work; including but not limited to reflexology, acupressure, polarity therapy, energy therapy, Reiki, nutritional therapies, all forms of kinesiology, aromatherapy, CBD therapy, craniosacral therapy, myofascial release therapy, trigger point therapy, stretching therapy, strength and condition training, among others.

I further undertake to indemnify and hold Oly Float Inc. harmless from any incident(s) arising from my use of Oly Float Inc.'s services.

I agree to and acknowledge the foregoing on \_\_\_\_\_ (today's date).

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Signature

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Printed Name

Are you under age 18?

Yes

No

### Parent/Guardian Waiver For Minors Only:

If the client is less than 18 years old, the Client's parent and natural guardian hereby represents that he/she is, in fact, acting in that capacity, has consented to his/her child or ward's availing of the services of Oly Float Inc., and has agreed individually and on behalf of the child or ward, to the terms of this "Informed Consent and Waiver". The undersigned parent or guardian further agrees to save and hold harmless and indemnify Oly Float Inc. from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon Oly Float Inc. relating to massage therapy an body work; including but not limited to reflexology, acupressure, polarity therapy, energy therapy, Reiki, nutritional therapies, all forms of kinesiology, aromatherapy, CBD therapy, craniosacral therapy, myofascial release therapy, trigger point therapy, stretching therapy, strength and condition training, among others, on behalf of the Client and all of the Client's parents or legal guardians.

I agree to and acknowledge the foregoing on this \_\_\_\_\_ (today's date).

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Signature

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Printed Name