Client Intake and Consent Form

Name: _____DOB: _____

Address: _____

City: _____ State: ____ Zip: _____ Home/Cell: _____

Email:_____

Emergency Contact: _____ Phone: _____

Are you currently under a physicians care for an acute or chronic illness? Y __ N __

If yes please explain: _____

Are you currently taking any prescribed medication or dietary supplements? Y __ N __

If yes please explain: _____

Have you received a massage before? Y__ N__ If yes, when: _____

What are your goals for today's treatment? _____

Please list areas of tension, stress and/or pain you wish to be addressed: _____

_____

Health Information

Please mark an (X) by all current conditions and (P) for all past conditions

_Cold/Flu
_Fever
_Infections
_Contagious Conditions
_Burns/Sunburn
_Skin Conditions
_Warts/Athletes Foot/Fungus
_Cuts/Bruises/Broken Skin
_Numbness/Tingling
_Piercing or Stabbing Pain
_Frequent Headaches/Migraines
_Back Pain

_Joint Swelling
_Tendonitis
_Depression/Anxiety
_Muscular/Skeletal Disorder
_New Tattoos/Piercing
_Pregnancy
_High/Low Blood Pressure
_Stroke/TIAs
_Diabetes/Low Blood Sugar
_Heart Disease
_Aneurysm
_Anemia/Blood Disorders

_Blood Clots/Phlebitis
_Circulatory Conditions
_Varicose Veins
_Lymphatic Conditions
_Autoimmune Conditions
_Cancer
_Allergies (Seasonal/Nuts)
_Osteoporosis
_Disc Disorders
_Epilepsy
_Asthma
_Other_____

Elaborate on noted areas above: _____

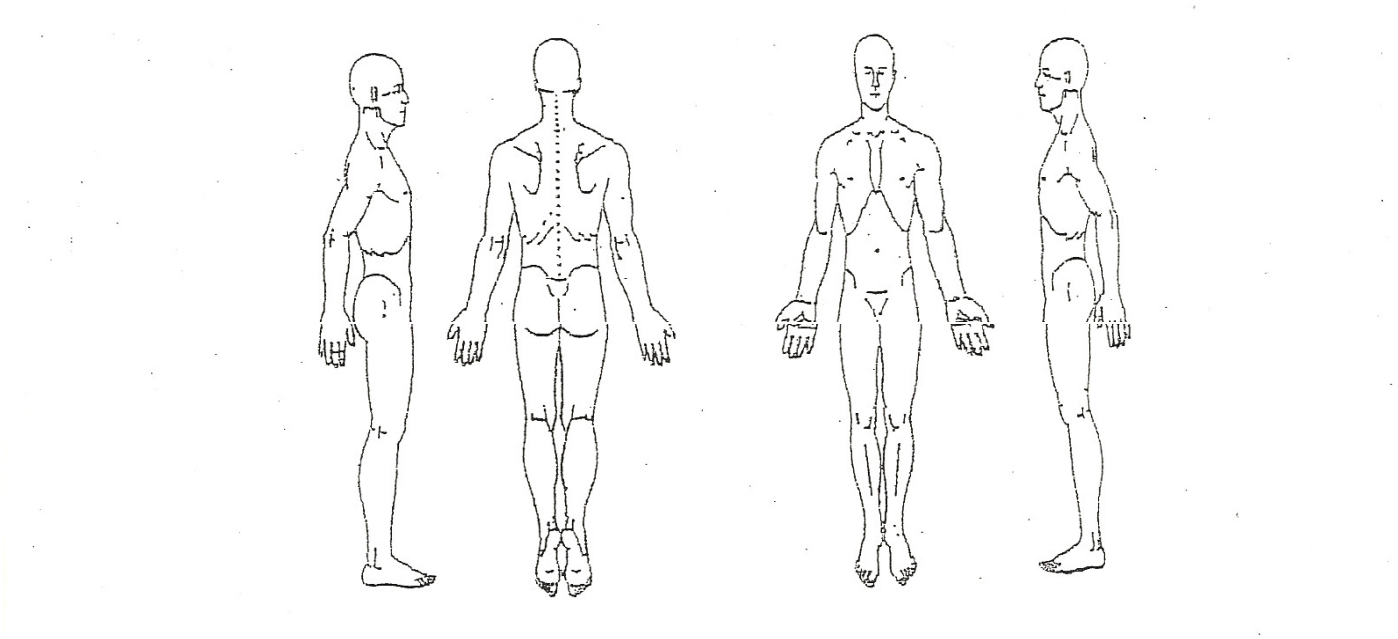
_____

Please list any recent injuries or surgeries within the past 5 years: _____

Please list your stress-reduction activities, hobbies, exercise and/or sport participation: _____

_____

Please describe how you are feeling today, and note any places of tension, pain, discomfort, etc. on the diagram below:



Comments:

_____

_____

Waiver and Release

I, _____, understand that massage is provided for the purpose of relaxation, stress reduction and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or techniques may be adjusted to my level of comfort.

Massage services are not meant to take the place of a physician's care. Information exchanged during a massage is educational in nature, not diagnostic or prescriptive, and is to be used at my own discretion. Because massage should not be performed relative to certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I understand that it is my responsibility to keep the massage therapist and Essential Bodyworks LLC updated as to any changes in my medical profile.

I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session.

I hereby waive and release my massage therapist, Essential Bodyworks LLC and anyone affiliated with it, from any and all liability, past, present and future, relating to massage therapy and body work.

Signature: _____ Date: _____