My Happy Place Massage Intake Form

Today's Date: _____

All information included in this intake is considered confidential and essential to a safe visit. This intake covers each guest for all massage therapy services. Your therapist will take the time to ask you of changes in your health on all subsequent visits. Thank you for taking the time to answer the questions below as the more information provided by you will ensure the most out of your therapeutic service.

Client Information:

Name: _____ Phone: _____

Address: _ _____

Employer: _____ Job Description: _____ F/T or P/T

Height: _____ Weight: _____ Age: _____ Daily Activities: _____

Birth Date: _____ Email: _____

Are you: Military Law Enforcement Nurse Teacher Fire Fighter

Massage Information:

Have you ever had any of the following services: (please circle all that apply)

Swedish/ Light Touch Deep Tissue/ Firm Aromatherapy Myofascial Sports Chair

When was your last professional massage? _____

Was it for a something specific? _____

Do you have any spinal related injuries/ issues present or in the past? (herniations, slipped disc, ruptured disc, disc degeneration, scoliosis)_____

Surgeries? _____

Medical Information:

PCP: _____ Contact Info: _____

Is this massage/ bodywork medically necessary (is it for a medical condition, injury, surgery)? YES NO

Is there ANY chance of pregnancy? YES NO If so, how many weeks?_____

Are you under the care of a physician for any pre-natal conditions? YES NO

If YES, do you have a Dr's note? YES NO

Please list any medications you have taken within the last 48 hours: _____

_____

Please circle any medical conditions your massage therapist should be made aware of:

Abscess/ Open Sore/ Surgical Site	Arteriosclerosis	Asthma/ Allergies	Cancer/ Malignancy
Purpura/ Easy Bruising	Claustrophobia	Cold Sore	Headaches/ Migraines
Insomnia/ Sleep Problems	Epilepsy	Fluid Retention	Fibromyalgia
Heart Disease/ Conditions	HIV/AIDS	Heat Sensitivity	Depression/ Anxiety
Hyper/ Hypo Tension (HBP/ LBP)	Hepatitis	Implants	Sprains/ Strains
Athlete's Foot/ Ringworm	Edema/ Swelling	Muscle/ Joint Pain	Varicose Veins
Sunburn/ Sun Poisoning	Osteoporosis	Skin Sensitivity	Arthritis
Inner Ear Problems/ Vertigo	Blood Clots	Endocrine/ Thyroid Conditions	

Autoimmune Diseases (Lupus, Rheumatoid Arthritis, Diabetes Type 1, Anklylosing Spondylitis, MS, Lyme, and Celiac)

Explain any of the above including recent surgeries (within the past 5 years): _____

_____

Life Style:

Do you exercise? YES NO How often? _____ What type? _____

Do you use tobacco? YES NO Alcohol? YES NO Caffeine? YES NO

On a scale 1-10, what is stress level? 1 2 3 4 5 6 7 8 9 10

I have completed the above information and will discuss it with my Therapist. I understand that if I suffer from skin sensitivity, epilepsy, heart conditions (such as hyper/ hypo tension and heart disease), hemophilia, or take blood thinning medication, have a pacemaker/ prosthesis that any type of bodywork is at my own risk. I also understand that products used during these services can create reactions on prone skin and I should alert my Therapist of any discomfort. I also understand that soreness can occur after a massage and that my skin may become red and tender.

This massage is in no absolute way, shape or form, sexual, and it shall not be assumed as such. Any inappropriate discussion or gesture that takes place, the therapist reserves the absolute right to immediately end the session, while the client is still responsible for the entire amount of service. In addition, the therapist also reserves the right whether to work on said client in the future or not.

I further understand that this work does not constitute medical treatment. It is a form of health and wellness maintenance. I take responsibility for alerting my practitioner of any physical, mental or emotional conditions that would affect this work.

By signing this release, I do hereby waive and release Vickie Benz, LMT from all liability, past, present and future.

Signature: _____ Date: _____

If the guest is under 18, a parent/ legal guardian must fill this form out and sign below. If the guest is under the age 18, a parent/ legal guardian must be present with the guest in the treatment room unless the parent/ legal guardian waive their right.

Parent/ Legal Guardian: _____ Date: _____

I _____ Parent/ Legal Guardian of _____ waive my rights to be present in the treatment room while bodywork services are provided by Vickie Benz, LMT Date: _____