



**2005 Rock Spring Rd, Suite #3, Forest Hill, MD 21050
410-638-6774 (MSSG)**

Massage Therapy Wellness Client Intake Form

Name _____ Phone _____ Date _____
Address _____ City _____ St _____ Zip _____
Email _____ DOB _____
Job Description _____ Daily Activities _____

To help ensure safe and comfortable massage experience, please provide as much information to your healthcare practitioner/massage therapist as possible. All information in this Intake form is considered confidential and all HIPPA rules and regulations are followed at all times. Your therapist will take time to review to see if there are any changes on any/all subsequent visits.

Health History

<i>Allergies</i>	<i>Anxiety/Depression</i>	<i>Arthritis</i>	<i>Asthma</i>	<i>Blood Clots</i>	<i>High/Low BP</i>
<i>Diabetes</i>	<i>Varicose Veins</i>	<i>Scoliosis</i>	<i>Vertigo</i>	<i>Bruising</i>	<i>Fibromyalgia</i>
<i>Migraines</i>	<i>Disc Herniation</i>	<i>Insomnia</i>	<i>Thyroid</i>	<i>Autoimmune</i>	<i>Weight Gain</i>
<i>Edema</i>	<i>Pain/Numbness</i>	<i>Acute/Chronic Injuries</i>		<i>Sciatica/Piriformis Syndrome</i>	

*Recent surgeries (past 5 years) _____

*Medications _____

*Are you currently under the supervision of another Healthcare practitioner such as a doctor, Physical Therapist, or Chiropractor? (If Yes: your therapy may be classified as Therapeutic until released from DR/PT/DC care. YES NO PRACTITIONER: _____

*Professional Massages within the past year? YES NO TYPE _____

*Exercise: DAILY WEEKLY NOT REALLY EXPLAIN: _____

I understand that should any of the products used during these services create any reactions or discomfort or should the massage itself create any discomfort; I will notify my Therapist at once. Massage therapy is a form of holistic health & wellness. I understand that this work does not substitute medical treatment, but in some cases may be used in conjunction with other medical professionals. I take full responsibility for alerting my Therapist of any physical or emotional conditions that could affect my massage treatment. By signing this form I do hereby waive and release Red Stargazer DBA My Happy Place LLC from all liability, past, present, and future. All Therapists are Independent and they, as well as My Happy Place Massage Studio LLC may refuse, deny or terminate a session(s) for any reason deemed necessary, and client will still be responsible for full payment of full price (no discounts included).

Signature _____ Date _____

If guest is under 18 years of age (labeled as a MINOR) a Parent/Guardian must sign this release form in acknowledgment

Parent/Guardian Signature _____ Date _____