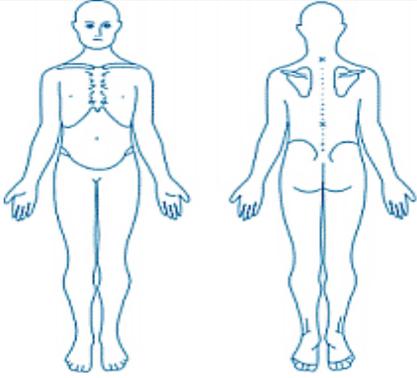


Client In-Take Form for Massage Therapy

Name:	Best phone:
Address:	Email:
City, ST, Zip:	Date of birth: / /
Emergency contact & phone:	Occupation:
How did you hear about us?	May I send mail to these addresses? Yes/No

Massage Therapy

Have you had Massage Therapy before?	Yes/No	Please circle areas you would like massage to address.  Place an "X" on areas to avoid during massage.
If yes, what did you like most?		
If yes, what did you like least?		
On a scale of 0-10, describe your stress level:		
On a scale of 0-10, describe your pain level: (0=no pain/10=worst pain imaginable)		
What is the source of your pain?		
Reason for today's visit:		

Health

Please list all medications including supplements:

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Please list any recent injuries or surgeries (within the last 6 months):

		Please provide as much detail as possible below:

Any allergies to lotions, oils, nut products?	Yes/No	
Do you bruise easily?	Yes/No	
Any sites of numbness anywhere in your body?	Yes/No	
Do you have high blood pressure or cardiac problems ?	Yes/No	
Do you have diabetes ?	Yes/No	
Do you have nerve damage/pain ?	Yes/No	
Are you currently pregnant ?	Yes/No	
Do you have a history of cancer?	Yes/No	
Arthritis or joint problems?	Yes/No	

Informed Consent:

The above information is accurate to the best of my knowledge and I freely give my permission to be massaged. I agree to inform the therapist of any experience of pain during the session. I understand this does not deter me from seeking medical treatment. I understand that no inappropriate comments or conduct will be tolerated. Any indication of such behavior will end the session. I agree to update the therapist in regard to changes in my health and understand that there shall be no liability on the therapist's part should I forget to do so. I agree to hold harmless the establishment and all personnel, from and against any and all claims. I agree to handle suit at its sole expense and agree to bear all costs related even if claims, etc. are groundless, false and fraudulent.

I agree to give the therapist a 24-hour notice if I must cancel an appt. and understand that same-day cancellations will be charged full-fee.

Client Signature:	Date:
Therapist Signature:	Date: