

Fitness Plus Therapeutic Massage – Confidential Client Intake Form

Personal Information

Name _____ Phone (____) _____ DOB _____

Address _____ City _____ State _____ Zip _____

E-mail _____ Occupation _____ Male Female

Emergency Contact _____ Phone (____) _____ Physician _____

Are you currently a Fitness Plus Member? Y N Member Number _____

Massage Information

How did you hear about us? _____

Have you ever had a professional massage before? Yes No How recently? _____

What kind of pressure do you prefer? Light Medium Firm

What type of massage are you seeking today? Relaxation/Swedish Deep Tissue/Therapeutic Pregnancy

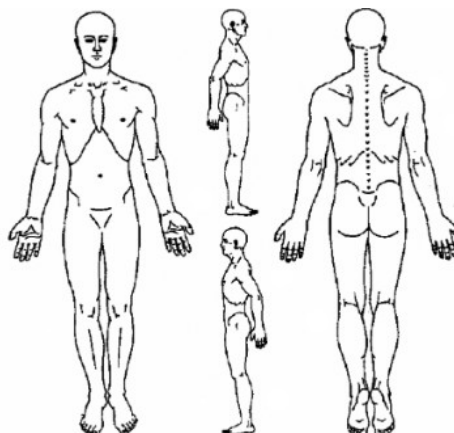
 Sports Reflexology Migraine Release Sciatica Hot Stone Other? _____

Are you sensitive to fragrances or perfumes? Yes No
If yes, what? _____

Do you have sensitive skin? Yes No

Do you wear contact lenses? Yes No

Do you exercise regularly? Yes No
If so, what type(s)? _____



What are your common areas of pain or tension?

Please use the body diagrams to the right to indicate any areas you would like the massager therapist to concentrate on.

Medical History

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

Do you suffer from chronic or persistent pain/discomfort? Yes No If so, for how long? _____

Do you know what caused it/what makes the symptoms better or worse? Yes No

Do you see a chiropractor? Yes No if so, how often? _____

Are you currently under medical care? Yes No if so, why? _____

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Please list any prescription medications you are currently taking:

Have you had any surgeries in the past five years? Yes No

If yes, what type? _____

Please indicate any conditions that you have had or currently have:

- | | | |
|--|--|--|
| <input type="radio"/> Headaches, migraines | <input type="radio"/> Joint replacement/surgery | <input type="radio"/> Recent injuries |
| <input type="radio"/> Allergies, sensitivity | <input type="radio"/> High/low blood pressure | <input type="radio"/> Sprains, strains |
| <input type="radio"/> Arthritis, tendonitis | <input type="radio"/> Major accident | <input type="radio"/> Paralysis |
| <input type="radio"/> TMJ problems | <input type="radio"/> Varicose veins | <input type="radio"/> Fibromyalgia |
| <input type="radio"/> Abnormal skin conditions | <input type="radio"/> Pregnancy | <input type="radio"/> Numbness |
| <input type="radio"/> Heart/circulation problems | <input type="radio"/> Lack of or reduced feeling/sensation | |
| <input type="radio"/> Blood clots | <input type="radio"/> Diabetes | <input type="radio"/> other _____ |

Please explain any conditions that you have marked above:

Informed Consent: I understand that the massage I will be receiving here for the purpose of stress reduction, relief from muscular tension or spasm. I understand that the massage therapist does not diagnose illness, disease or any further physical or mental disorders. As such, the massage therapist does not prescribe medical treatment or pharmaceuticals, nor do they perform spinal manipulations. I understand that mass age is not a substitute for medical treatment or diagnoses and that it is recommended that I see a physician for any physical ailments that I may have.

I acknowledge that the information I have provided on this form is correct and current to the best of my knowledge. I understand that it is my responsibility to inform the massage therapist of any changes to this information. I understand that if I experience any unusual discomfort and/or pain during my massage sessions it is my responsibility to inform the massage therapist so that they can adjust the pressure or technique being used.

Cancellation/Late Policy: Your business is valued and your cooperation is appreciated. As a courtesy to the therapist, a 24 hour notice is required to cancel your appointment including gift certificate sessions. There will be a \$25 charge for all late cancellations and a FULL charge for any appointments that are not cancelled. Please arrive 5-10 minutes early for your appointment to ensure you get your full session. If you are late, you may not receive a full session but full payment is still required because that time was set aside for you.

Privacy: All written records and massage sessions are kept strictly confidential and will not be shared with any outside establishment, individuals, organization, or medical facilities. The information is used by the massage therapist to ensure a safe, therapeutic massage.

Client Signature _____ Date _____

Consent to Treatment of Minor: By my signature below, I hereby authorize a Fitness Plus, licensed massage therapist to administer massage, bodywork, or somatic therapy techniques to my child or dependent, as he/she deems necessary.

Signature of Parent or Guardian _____ Date _____