Studio name _____

Massage intake and consent

This takes about three minutes. Your answers stay with the practice and help your therapist plan your session.

About you

Your name
First name

Last name

Date of birth (MM/DD/YYYY)

Phone

Email

Home address
Street address

City, state, ZIP

Emergency contact

Your visit

What brings you in today?

How much discomfort do you feel right now?

☐ None ☐ A little (1 to 3 out of 10) ☐ Some (4 to 6 out of 10) ☐ A lot (7 to 10 out of 10)

Where should we focus, and where should we stay away?

Mark or describe the placement

What pressure do you like?

☐ Light ☐ Medium ☐ Firm ☐ Deep

Is this your first massage?

☐ Yes ☐ No

Health questions

Please answer every question so your therapist can plan your session around your health. These questions aren't medical advice, so check with your doctor about anything you're unsure of.

Do you have any of these? Choose all that apply.

☐ High blood pressure ☐ A heart condition ☐ Blood clots or deep vein thrombosis, now or in the past

☐ Varicose veins ☐ Diabetes ☐ Cancer, now or in the past ☐ Osteoporosis ☐ Arthritis

☐ Epilepsy or seizures ☐ Fibromyalgia ☐ Numbness or tingling anywhere

☐ Frequent headaches or migraines ☐ A skin condition, rash or open sore

☐ An implant, such as breast implants or a pacemaker ☐ None of these

Are you pregnant, or could you be?

☐ Yes ☐ No

Have you had an injury or surgery in the last year?

☐ Yes ☐ No

What happened, where, and when?

Do you take any medicines, including pain relievers or muscle relaxants?

☐ Yes ☐ No

Which ones?

Do you take a medicine that thins your blood, such as warfarin or a daily aspirin?

☐ Yes ☐ No

Which one?

Are you allergic or sensitive to any oils, lotions, nuts, latex or scents?

☐ Yes ☐ No

What are you allergic to?

Are you seeing a doctor for anything right now?

☐ Yes ☐ No

What for? Your therapist may ask whether your doctor is OK with massage.

Do you have a fever, a cold, or anything contagious today?

☐ Yes ☐ No

What you agree to

Draping
I'll undress only to my comfort level and be covered by a sheet or towel. Only the area being worked on is uncovered, and my genitals and breasts stay covered the whole time.

Initials

Speaking up
I'll tell my therapist if the pressure is too much, if anything is uncomfortable, or if I want an area skipped. I can stop the session at any time.

Initials

Massage isn't medical care
I understand massage doesn't take the place of medical care. My therapist doesn't diagnose conditions, prescribe treatment or adjust the spine, and nothing said here is medical advice.

Initials

Paying for your session
I understand this practice is cash-pay. It doesn't bill health insurance, and I pay for each session myself.

Initials

Respect
I understand the session is professional and nonsexual. Any sexual comment or behavior ends the session at once, and I'm still charged for it.

Initials

After your session
I understand some people feel tender or sore for a day or two after firm or deep work.

Initials

My answers
My answers are true and complete. I'll tell my therapist before each session if my health or medicines change.

Initials

Booking policy

Your deposit or card holds your appointment, and a deposit comes off the price of your session. To move or cancel, give at least 24 hours' notice. A missed appointment or a late cancellation is charged the amount the practice shows when you book.

Initials _____

the studio uses your health answers only to do your appointment safely and to keep the records the law requires. They are never used for marketing or sold. They are stored encrypted, and every time someone at the studio opens them it is logged.

Your signature _____ **Date** _____

Printed name _____