



## Client Consent and Intake Form for Bodywork and Massage Treatments

Name	Age	Male/Female
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	City	St	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

Home Phone	Mobile
<input type="text"/>	<input type="text"/>

Occupation

Emergency Contact Name	Emergency Contact Phone
<input type="text"/>	<input type="text"/>

Referred By

Mark your answer with a X

- Have you had massages, bodywork/treatments before? Yes  No
- Do you wear contact lenses? Yes  No
- Do you wear dentures? Yes  No
- Are you currently under a physician's care? Yes  No
- Are you taking any blood-clotting medication? Yes  No
- Are you taking any blood-thinning medication? Yes  No
- Are you taking any sensation-altering medication? Yes  No
- Do you have a tendency to bruise easily? Yes  No
- Have you recently been exposed to a communicable disease? Yes  No
- Do you have any recent injuries? Yes  No

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list the areas you wish to focus on

  

Please list the areas you wish not to have focused on

  

Please check any of the following medical conditions/symptoms that you have experienced in the last year

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Heart Disease          | <input type="checkbox"/> Surgery              | <input type="checkbox"/> Immunity Related Disorder |
| <input type="checkbox"/> High Blood Pressure    | <input type="checkbox"/> Herpes Simplex       | <input type="checkbox"/> Insomnia                  |
| <input type="checkbox"/> Hospitalization        | <input type="checkbox"/> Whiplash             | <input type="checkbox"/> Hypertension              |
| <input type="checkbox"/> Hepatitis              | <input type="checkbox"/> Asthma               | <input type="checkbox"/> Migraines                 |
| <input type="checkbox"/> Carpal Tunnel Syndrome | <input type="checkbox"/> Anigna               | <input type="checkbox"/> Contagious Disease        |
| <input type="checkbox"/> Sciatica               | <input type="checkbox"/> Phlebitis/Thrombosis | <input type="checkbox"/> Pregnancy                 |
| <input type="checkbox"/> Stroke                 | <input type="checkbox"/> Fibromyalgia         | <input type="checkbox"/> Repetitive Strain Injury  |
| <input type="checkbox"/> Varicose Veins         | <input type="checkbox"/> Disc Problems        | <input type="checkbox"/> Varicose Veins            |

Other: Please describe

## Specific Medical Conditions

For your safety, our therapists must be aware of all medical conditions for which you have been diagnosed. Massages, bodywork/treatments may impact your health.

### Condition

Arthritis Yes  No

Please Describe:

Cancer or Tumors Yes  No

Please Describe:

Cardiovascular Disease Yes  No

Circle all that apply: Anemia, Angina, Atherosclerosis, Hemophilia, Congestive Heart Failure, Heart Attack, Heart Murmur, Hypertension, High Blood Pressure, Varicose or Spider Veins, Other

Diabetes Yes  No

Please Describe:



Kidney or Liver disease

Yes  No

*Please Describe:*

Respirator or Lung Condition

Yes  No

*Please Describe:*

Skin Condition

Yes  No

*Circle all that apply: Acne, Abrasions/Cuts, Birthmarks/Moles, Warts, Bruises, Dermatitis, Eczema, Herpes, Hives, Poison Ivy/Oak/Sumac, Psoriasis, Skin Tags, Sunburn, Other*

Injuries

Yes  No

*Please Describe:*

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## Please read and sign

I verify that all information is correct and current to the best of my knowledge. I understand that any information provided is for safety purposes and will be kept strictly confidential.

I hereby give my consent to receive massage services and/or other bodywork or treatment (aka: Services) and I acknowledge and agree that I am doing so at my own risk. My health and safety with respect to such Services are my sole responsibility. My decision to receive Services is voluntary, and I know of, understand and assume any and all the risks associated therewith.

In exchange for receiving Services for myself and on behalf of my heirs, executors, administrators and personal representatives, hereby waive, release, discharge and hold my therapist harmless from any and all liability for any and all injuries, including damages or claims relating to or resulting from my receipt of the Services, now or in the future, foreseen or unforeseen.

Client Signature

Date



# Massage Client Waiver Form

Please take a moment to read and initial the following information:

I understand that massage therapy is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation and energy flow.

If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.

I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.

I affirm that I have notified my therapist of all known medical conditions and injuries.

I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so.

I understand that massage is entirely therapeutic and non-sexual in nature.

By signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to massage therapy and bodywork.

I have received the policy statement, and have read and agree to the policies therein.

Client Name

Client Signature

Date

Therapist signature

## Information and Suggestions

- Prior to your massage, please remove contact lenses and all jewelry. Pull long hair back with a clip or band.
- In general, massage is given while you are unclothed. However, you may choose to wear undergarments or a swimsuit. You will be covered with a top sheet throughout your session. This is your massage and you should be as comfortable as possible.
- Feel free to ask your therapist any questions before, during, or after the session. Your therapist is a highly trained professional and will be happy to make you feel informed and comfortable.



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