



personal information

name _____ date of birth _____

address _____

city _____ state _____ zip _____

phone _____

email _____

referred by _____

emergency contact name _____

emergency contact phone _____

current health

Have you recently had an injury, surgery, or areas of inflammation? Y N
 If yes, describe _____

Do you have sensitive skin? Y N

Do you bruise easily? Y N

Do you have any allergies to oils, lotions or ointments? Y N
 If yes, please explain _____

Are you currently under medical supervision? Y N
 If yes, describe _____

Do you see a chiropractor? Y N
 If yes, how often? _____

List any medications you are currently taking _____

List any known allergies _____

health history

- | | |
|--|---|
| Musculo-Skeletal | |
| <input type="checkbox"/> Artificial Joints | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Back/Hip Pain | <input type="checkbox"/> Spinal Problems |
| <input type="checkbox"/> Bone or Joint Disease | <input type="checkbox"/> Migraines/Headaches |
| <input type="checkbox"/> Broken Bones in the Last Two Years | <input type="checkbox"/> Muscle Spasms/Cramps |
| <input type="checkbox"/> Tendonitis/Bursitis | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Arthritis/Gout | <input type="checkbox"/> Sprains/Strains |
| <input type="checkbox"/> Migraines/Headaches | <input type="checkbox"/> Shoulder, Neck, Arm, Hand pain |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Leg, Foot pain |
| <input type="checkbox"/> Jaw Pain (TMJ) | <input type="checkbox"/> Chest, Ribs, Abdominal Pain |
| <input type="checkbox"/> Joint Surgeries in the Last Two Years | <input type="checkbox"/> Problems Walking |
| <input type="checkbox"/> Joint Stiffness/Swelling | <input type="checkbox"/> Scoliosis |

massage experience

Have you had a professional massage before? Y N
 If yes, how recently? _____

What are your goals for treatment? _____

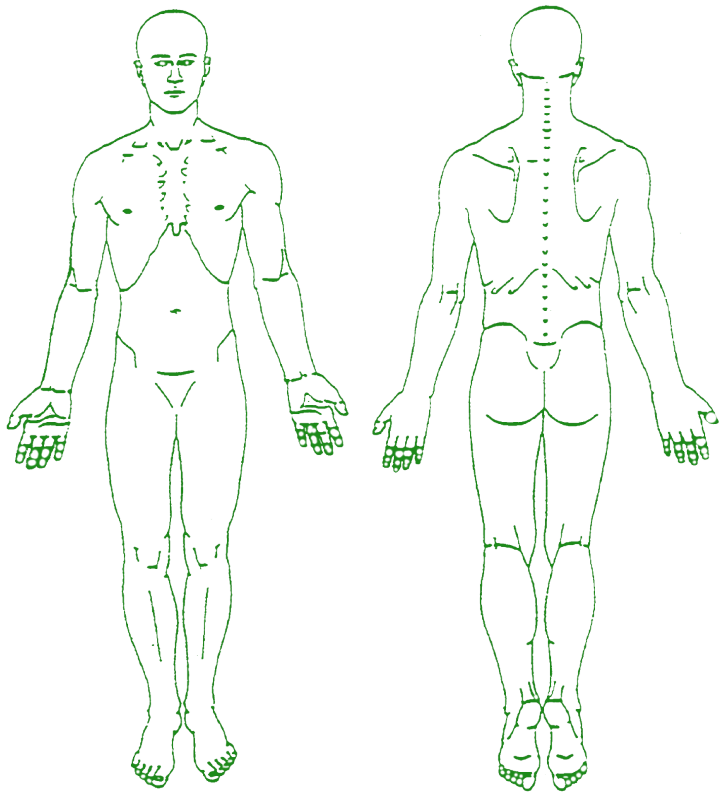
Y N

If yes, please explain _____

What kind of pressure do you prefer? Light Medium Firm

Do you consent to the use of the more intense strokes like friction and tapotement (percussion) during the massage? Y N

Use the diagram below to indicate areas to avoid X
 areas to focus on (circle) O



- | | |
|---|--|
| Circulatory | Respiratory |
| <input type="checkbox"/> Circulation Problem | <input type="checkbox"/> Breathing Difficulty/Asthma |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Emphysema |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Sinus Problems |
| <input type="checkbox"/> Phlebitis/Varicose Veins | |
| <input type="checkbox"/> Blood Clots | Reproductive |
| <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Pregnant, How many months? |
| <input type="checkbox"/> Hypertension | _____ |
| <input type="checkbox"/> Lymphedema | <input type="checkbox"/> Ovarian/Menstrual Problems |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Prostate Problems |
| <input type="checkbox"/> Thrombosis/Embolism | |

client intake form



•steezymatt•massage•therapy•

Nervous System

- Shingles
- Numbness/Tingling
- Pinched Nerve
- Cerebral Palsy
- Chronic Pain
- Paralysis
- Multiple Sclerosis
- Muscular Dystrophy
- Parkinson's Disease
- Sleep Disorders

Skin

- Allergies, specify: _____
- Rashes
- Cosmetic Surgery
- Athlete's Foot
- Hemophilia
- Herpes/Cold Sores
- Impetigo
- Cuts, Scrapes and Bruises

Digestive

- Irritable Bowel Syndrome
- Bladder/Kidney Ailment
- Colitis
- Crohn's Disease
- Liver Disease
- Ulcers

Other

- Cancer/Tumors
- Contagious Illnesses
- Diabetes
- Drug/Alcohol/Tobacco Use
- Contact Lenses
- Dentures
- Epilepsy/Fainting/ Seizures
- Fever
- Hearing Aids
- Insomnia
- Nausea
- Swollen Glands
- Tuberculosis
- Vertigo

Psychological

- Anxiety
- Stress
- Depression

Please explain any of the conditions that you have marked above :

Are there any other medical condition(s) that you think would be useful for the massage therapist to know to plan a safe and effective massage session for you?

Client agrees as follows:

Client understands and agrees that will provide the Therapist with complete and accurate health information, and a written referral from Client's primary healthcare provider may be required if Client is currently receiving care or has a specific medical condition or symptoms for which Client takes medication or receives periodic evaluations or treatment. Client agrees to keep Therapist updated of any changes in health status. Client understands that massage therapy is designed to be a secondary health aid and is not suitable for medical care, medical examination or diagnosis for any condition. Client understands that there is no implied or stated guarantee of success of effectiveness of individual techniques or series of appointments. Client understands that a Massage Therapist is not trained or qualified to perform spinal or skeletal adjustments, diagnose, prescribe any treatment or drugs for any physical or mental illness, and that nothing said in the course of the sessions should be construed as such. Client information is confidential and will not be shared unless Client requests it in writing or we are legally compelled.

1. Client and Therapist have discussed the potential benefits and possible side effects of massage therapy and have agreed upon a course of focused attention and manual therapy for the predetermined goals of stress reduction, relief of muscular discomfort, and/or promotion of general health. Client has been given an opportunity to ask questions of the Therapist and has received all requested information.
2. Client understands that the unclothed body will be draped at all times for warmth, sense of security, and as a mark of massage therapy professionalism. Client understands that breast massage will not be administered on any female clients. Client agrees to immediately inform the Therapist of any unusual sensation or discomfort so that the application of pressure may be adjusted to Client's level of comfort. Client understands that if they become uncomfortable for any reason during the massage, they may ask the Therapist to end the massage session, and the Therapist will stop the massage. The Client understands that the massage Therapist may end the session for any inappropriate behavior. Client understands that massage therapy is not sexual in any manner and that any illicit or suggestive remarks or behavior on the client's part, will result in an immediate termination of the therapy session. Client understands that payment will be expected in full; regardless if the massage is completed or not.
3. Client is aware that a "no-show" or a cancelled appointment within a 24 hour period is subject to a cancellation fee. Client is aware that a set amount of time is reserved for each client, and Client is responsible to be ready at the time of appointment. Client will be charged the full price of the session even if the time is shortened. If the Therapist is late, the client will not receive a shortened therapy session. If the Client is sick, the Therapist may choose to cancel the therapy session. The therapist depends on being healthy to provide massage. If sick, please cancel ahead of time to avoid a cancellation fee. Steezymatt Massage Therapy understands things happen in life, and offer a reduced cancellation fee of only 50%, most spas and therapists charge the full cost of cancelled appointments.
4. Client hereby assumes full responsibility for receipt of the massage therapy, and releases and discharges Therapist from any and all claims, liabilities, damages, actions, or causes of action arising from the therapy received hereunder, including, without limitation, any damages arising from acts of active or passive negligence on the part of the Therapist, to the fullest extent allowed by law.
5. Client, in signing this consent for Therapy and Waiver of Liability ("Consent"), understands and agrees that this Consent will apply to and govern the current and all future therapy sessions performed by the Therapist.

signature

date

printed name

signature of parent or legal guardian (a parent or guardian must be present for the duration of the massage if the client is a minor)

date

practitioner's signature

date