

MASSAGE THERAPY CLIENT INTAKE FORM

Name: _____ Phone:(_____) _____
Cell Phone: (_____) _____ Date of Birth _____
Address: _____ Apt.# _____
City: _____ State: _____ Zip: _____
Email: _____
In case of emergency contact: _____ Phone(_____) _____
Relationship to emergency contact _____ Referred by: _____
Your Occupation _____ Your Physician _____

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.

All client information is strictly confidential. The information you provide on this intake form is used only by me to better understand and serve the needs of my client. Furthermore, the Texas Department of State Health Services requires a consultation/intake form on every massage client.

Have you ever experienced a professional massage or bodywork session? Yes No

If yes, how recently? _____ **What is your major complaint or condition**

you want to improve: _____

What are your intentions or expectation for this visit? _____

What kind of pressure do you prefer? light medium firm

*Please **check** the box if you have any of the following:*

Suffer from Stress? _____ Low Back Pain? _____

Muscle Spasms? _____ Neck Pain? _____

Pinched Nerve? _____ Herniated Disks? _____

Tension or soreness in a specific area? _____

Arthritis? _____ Cancer? _____

Diabetes? _____ Bruise Easily? _____ Broken bones in the past two years? _____

Please check the box if you have any of the following:

Pregnant? _____ Cardiac or Circulatory Problems? _____

Pace maker? _____ Joint Replacements? _____ Varicose Veins? _____

Wearing dentures or eye contacts lenses? High blood pressure? _____ Taking medications for it? _____

Numbness or stabbing pains? _____ Suffer from epilepsy or seizures? _____

Sensitive to touch or pressure in any area? _____

Suffer from joint swelling? _____ Osteoporosis? _____ Allergies? _____

Any contagious diseases? _____ History of surgeries? _____

Other medical conditions? _____

Are you taking any medications I should know about? _____

Additional comments regarding your health and well-being: _____

Payment Policy

I, the undersigned, understand and acknowledge that payment for all care received is my responsibility. Payment is due at time of services unless other arrangements have been made in advance with the massage practitioner. Skillful Touch Massage accepts cash or checks. I also understand that a 24-hour rescheduling notice is necessary to avoid charges.

Massage Therapy Informed Consent

I, the undersigned, understand that the massage/bodywork I receive is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation and offer a positive experience of touch. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I

also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

I have received a copy of the therapist's policies, I understand and agree to abide by them.

Client's Signature

Date

Massage Therapist's Signature

Date

**YES I WOULD LIKE TO BE ON YOUR EMAIL NEWSLETTER LIST
TO RECEIVE VALUABLE MESSAGE PROMOTIONS
&
HEALTHY LIVING TIPS!**

SKILLFUL TOUCH MASSAGE CANCELLATION/RE-SCHEDULING POLICY

I understand that unanticipated events occur in everyone's life, but in my desire to be effective and fair to other clients, and out of a necessary consideration for my time, I have adopted the following policies:

- **24 hours advance notice is required** when canceling an appointment. This allows the opportunity for someone else to schedule an appointment in your place.
- If you are unable to give me **24 hours advance notice**, you will be charged the **full amount** of your appointment. This amount must be paid prior to your next scheduled appointment. This charge **may be waived** if you reschedule another appointment with me **within the same week and you honor that appointment.**
- I will require **prepayment** to guarantee your appointment if you have a history of **missing, canceling, or rescheduling your massage appointment with less than 24 hours** advance notice.
- **Cancellation due to an emergency event will be exempted from the above penalty.**

Emergencies

Examples of what constitute emergency events are:

- Medical emergencies that require immediate hospitalization

- Serious accidents
- Crime victimization
- House fires
- Sick children
- Serious illness

(I certainly hope you Do Not have to experience any of the above events)

Examples of what constitute *Non-emergency* events are:

- Schedule conflict because you mistakenly made another appointment at the same time and are choosing to honor it instead of your appointment with me
- Forgetting the appointment
- Changing your mind and doing something else at the last minute
- Having out of town guests who want your time and attention

***I, the massage therapist, reserve the right to make the final determination as to whether your cancellation qualifies as a true emergency event or not.
I will always be fair and reasonable!***

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Cnx/Rescheduling Policy
Rev. 6/2016

No Shows

Anyone who either forgets or consciously chooses to forgo their appointment for whatever reason will be considered a “no show”. They will be charged for their “missed” appointment and future service will be denied until payment is made.

Arriving Late

Appointment times have been arranged specifically for you. If you arrive late it may be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, I will then determine if there is enough time remaining to start a treatment. Regardless of the length of the treatment given, **you will be responsible for the “full” session.**

*Out of respect and consideration to me and other clients, **please** plan accordingly and **remember** your massage appointment.*

Thank you for your commitment to natural health care.

I have read and understand this cancellation/rescheduling policy. I agree to abide by it.

Client's signature

Date

Massage Therapist's Signature

Date

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