Enlightened Ways Massage

Massage Therapy Intake Form

Name: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: HM _____ WK _____ Cell _____
Email: _____ Occupation: _____
Whom may I thank for referring you? _____
Emergency Contact: _____ Phone: _____
Are you presently taking any medication? ____ Yes ____ No
Have you had a recent major surgical procedure or injury? ____ Yes ____ No
Are you currently seeing a Chiropractor, Physical Therapist, or Physician for an ongoing issue? ____ Yes ____No
If you answered "yes" on any of the previous 3 questions please specify: _____
_____
Are you allergic to any Lotions or Oils? ____ Yes ____ No Please list the allergen: _____

Circle the following conditions that apply to you, past and present.
Please add your comments to clarify the condition.

Muscular-Skeletal
Headaches
Joint Stiffness/Swelling
Broken/Fractured Bones
Strains/Sprains
Neck/Back/Hip Pain
Shoulder/Arm/Hand Pain
Leg/Foot Pain
Chest/Ribs/Abdominal Pain
Jaw Pain/TMJ
Tendinitis
Bursitis
Arthritis
Osteoporosis
Scoliosis
Other: _____

Circulatory/Respiratory
Dizziness
Shortness of Breath
Fainting
Cold Feet / Cold Hands
Cold Sweats
Stroke
Heart Condition
Allergies
Asthma
High Blood Pressure
Other: _____

Digestive
Indigestion
Constipation
Intestinal Gas/Bloating
Diarrhea
Irritable Bowel Syndrome
Colitis
Other: _____

Nervous System
Numbness/Tingling
Fatigue
Sleep Disorders
Ulcers
Paralysis
Herpes
Shingles
Cerebral Palsy
Epilepsy
Chronic Fatigue Syndrome
Muscular Dystrophy
Parkinson's Disease
Other: _____

Comments:
_____
_____
_____

Skin
Rashes
Allergies
Athlete's Foot
Acne
Impetigo
Hemophilia
Other: _____

Reproductive System
Pregnancy
Other: _____

Other
Loss of Appetite
Depression
Difficulty Concentrating
Hearing Impaired
Visually Impaired
Diabetes
Fibromyalgia
Post/Polio Syndrome
Cancer
Tuberculosis
Other: _____

Please list any and all medications: _____
_____

Consent for Therapy and Waiver of Liability

The undersigned ("Client") hereby freely consents to receipt of massage services from:

Enlightened Ways Massage, Melissa Taylor, Licensed Massage Therapist

Client agrees as follows:

Client understands and agrees that they will provide the Therapist with complete and accurate health information and a written referral from Client's primary healthcare provider 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 understands that massage therapy is designed to be an ancillary health aid and is not suitable for primary medical treatment for any condition.

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 manually 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 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 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; regard less if the massage is completed or not.
3. 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.
4. 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 Therapist.

_____	_____	_____
Client Signature	Client Printed Name	Date
_____	_____	_____
Massage Therapist Signature	Massage Therapist Printed Name	Date