



Client Confidentiality - Intake Form

Please Print

Name _____ Phone _____

Address _____ City/State/Zip _____

Occupation _____ Email _____

Emergency Contact _____ Relation _____

Phone _____

1. Have you had a professional massage before? Yes No, If so when was your last massage? _____

2. Do you have any difficulty lying on your front, back, or side? Yes No

If yes, please explain _____

3. Do you have any allergies to scents, oils, lotions, or ointments? Yes No

If yes, please explain _____

4. Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort? Yes No If yes, please identify _____

5. Do you have any particular goals in mind for this massage session? Yes No

If yes, please explain _____

6. Do you have any medical conditions? This includes any surgery, chronic conditions, skin conditions injuries, medical implants such as a pacemaker or joint replacement. Yes No If yes, please explain

I, (print name) _____ understand that the massage I receive is provided for the sole purpose of relaxation and relief of muscular tension. I understand that in order for me to receive the best massage therapy possible, I know that I have to communicate ANYTHING and everything, including my needs, preferences, requests or feedback, at any time before, during, or after my massage. I take it upon myself to communicate right away if there is anything distracting me or if I feel unwell or uncomfortable at any time during the session so that she can make adjustments. I understand that my therapist wants my HONEST feedback - positive or negative - and doesn't take offense to it. I understand that massage therapists 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. I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

Signature of client _____ Date _____



Policy Notification

Cancellation Policy

We respectfully ask that you provide us with a 24 hour notice of any schedule changes or cancellation requests. All our policies are designed to benefit clients and provide the best quality service for our established and future clients. Please understand for last minute cancellations or missed appointments without providing a 24 hour notice we are often unable to fill that appointment time. A service charge will be applied to your credit card valued for 50% of the service fee if notified less than 24 hour notice. Failure to arrive for your appointment will result in a 100% charge of the reserved service amount. We ask that all new and current clients supply a credit card to have on file. All cards on file are added to the system via a secure electronic process that ensures the information is encrypted and remains secure. In the event that we do not receive the required notice for adjustments and cancellations the following fees will be applied to your card or alternatively billed out to you. _____

We understand that emergencies can arise and illnesses do occur at inopportune times. If you have a fever, a known infection, or have experienced vomiting or diarrhea within 24 hours prior to your appointment time, we request that you cancel your session. Inclement weather may also result in the need for late cancellations. We will do our best to give advanced notice if we are closing or need to cancel due to bad weather and we ask you to do the same. Please do not risk your own safety trying to make your appointment. _____

Late Arrival Policy

We request that you arrive 10 minutes prior to your appointment time to allow time to fill out any required paperwork as well as answer any intake questions your therapist may have. We ask that you call to inform us if something occurs so we can do our best to accommodate you. Appointment times are reserved for each client, so oftentimes we cannot exceed that reserved time without making the next client late. Full service fees will be charged even when sessions are shortened due to late arrival. In return we will do our best to be on time, and if we are unable to do so we will add time to your session to make up for our late arrival or adjust the service charge accordingly. _____

I have read, understand, and agree to the above policies and information.

Client Signature

Date