

# Massage Therapy Wellness Client Intake Form

To help ensure a safe and comfortable massage experience, please provide as much information to your Healthcare Practitioner/ Massage Therapist as possible. All information is considered confidential and all HIPPA rules and regulations apply. Your Therapist will take time to review to see if there are any changes on any/all subsequent visits.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ DOB \_\_\_\_\_

How were you referred to us? Facebook/ IG Google Website Event Friend \_\_\_\_\_

Therapist you were referred to: \_\_\_\_\_

*Please describe which treatment you are coming in for today:*

**TRIGGER POINT/ MYOFASCIAL \* JOHN BARNES MYOFASCIAL \* THERAPEUTIC/ MEDICAL  
SWEDISH/ DEEP TISSUE (RELAXATION) \* PRENATAL (PREGNANCY) \*\* CERVICAL (NECK)  
SPORTS WITH FULL BODY STRETCHING \* NEUROMUSCULAR CUPPING \* TMJ DYSFUNCTION  
HAND & HOT STONE \* LYMPHATIC DRAINAGE \* COUPLES \* 4- HANDED \* ENERGY RESTORATION**

What is your primary concern today? \_\_\_\_\_

Is this your 1<sup>st</sup> massage? YES NO

What type of pressure do you prefer? LIGHT MEDIUM FIRM

(As we are the expert in our practice, please note we are not trying to break ourselves & the pressure of a massage should NOT be so heavy that we are breaking ourselves. We will check in with you on the pressure level, but if we do not feel comfortable with your desired level, we may recommend & refer you, the client, to see a specialist depending on what we deem necessary)

Recent surgeries (past 5 years) \_\_\_\_\_ Medications \_\_\_\_\_

Are you currently under the supervision of another Healthcare practitioner such as a Doctor, Physical Therapist, or Chiropractor? (If Yes: your therapy may be classified as Therapeutic & a Doctor's Prescription must be submitted to your Therapist until released from DR/PT/DC care). YES NO

Particular treatments require the use of massage tools. Please note that if any products used in assistance to your massage (aromatherapy, silicone cups, Hypervolt, Infrared Therapik, CBD salve, Biofreeze, ect) that your Therapist has informed you about the purpose & any outcomes & that you are comfortable with the Therapist performing the treatment with the assistance of any desired/ necessary tools. YES NO

## PLEASE READ & ACKNOWLEDGE BY INITIALING:

I understand that should any of the products used during these services create any reactions or discomfort or should the massage itself create any discomfort; I will notify my Therapist immediately. I understand that this work does not substitute medical treatment, but in some cases may be used in conjunction with other medical treatments. Massage therapy is a form of holistic health, wellness and balancing maintenance. I take full responsibility for alerting my Therapist of any physical or emotional conditions that could affect my massage treatment. By signing this form I do hereby waive and release My Happy Place LLC from all liability, past, present, and future. In addition, please note that any form of unethical or sexual advances made by any client will result in the immediate expulsion from My Happy Place Massage Studio and the complete payment of the service(s) ordered are mandatory and must be paid prior to leaving.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If guest is under 18 years of age a Parent/Guardian must sign this release form in acknowledgment

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_