

Recuperate Massage Intake Form

Name _____ Phone (____) _____ DOB _____

Address _____ City _____ State ____ Zip _____

E-mail: _____

Phone (____) _____ Occupation _____ () Male () Female

Physician _____ Health Insurance carrier _____

Emergency Contact: _____ Phone (____) _____

Referred by/how did you hear about RM: _____

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.

Have you ever experienced a professional massage or bodywork session? () Yes () No Where _____

If yes, how often do you receive massage therapy? _____

What are your massage or bodywork goals? _____

Do you have any difficulty lying on your front, back, or side? () Yes () No If yes, please explain _____

Do you have any allergies to oils, lotions, or ointments? () Yes () No If yes, please explain _____

Do you have sensitive skin? () Yes () No

What kind of pressure do you prefer? () light () medium () deep

Are you wearing contact lenses () dentures () hearing aid () hair piece ()?

Do you have numbness or stabbing pains? () Yes () No If yes explain _____

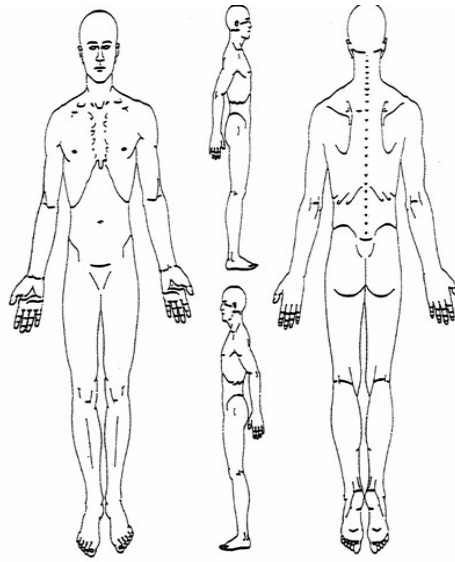
Do you sit for long hours at a workstation, computer, or driving? () Yes () No If yes, please describe _____

Do you perform any repetitive movement in your work, sports, or hobby? () Yes () No If yes, please describe _____

Do you experience stress in your work, family, or other aspect of life? () Yes () No If yes how do you think it has affected your health? Muscle tension () anxiety () insomnia () irritability () others _____

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

Circle any specific areas you would like concentration on during session place an X on areas to avoid:



Medical History

In order to plan a massage session that is safe and effective, I need some general information about your medical history.

Are you currently under medical supervision? Yes No

If yes, please explain _____

Do you see a chiropractor? Yes No If yes, how often? _____

Are you currently taking any medication? Yes No If yes, please list _____

Have you ever had any broken bones, injuries or surgeries? Yes No If yes, explain _____

Please check any condition listed below that applies to you:

- | | |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> contagious diseases/ skin condition | <input type="checkbox"/> phlebitis |
| <input type="checkbox"/> open sores or wounds | <input type="checkbox"/> deep vein thrombosis/blood clots |
| <input type="checkbox"/> easy bruising | <input type="checkbox"/> joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis |
| <input type="checkbox"/> recent accident or injury | <input type="checkbox"/> osteoporosis |
| <input type="checkbox"/> recent fracture | <input type="checkbox"/> epilepsy/seizures |
| <input type="checkbox"/> recent surgery | <input type="checkbox"/> headaches/migraines |
| <input type="checkbox"/> artificial joint | <input type="checkbox"/> cancer |
| <input type="checkbox"/> sprains/strains | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> current fever | <input type="checkbox"/> decreased sensation |
| <input type="checkbox"/> swollen glands | <input type="checkbox"/> back/neck problems |
| <input type="checkbox"/> allergies/sensitivity | <input type="checkbox"/> fibromyalgia |
| <input type="checkbox"/> heart condition | <input type="checkbox"/> TMJ |
| <input type="checkbox"/> high or low blood pressure | <input type="checkbox"/> carpal tunnel syndrome |
| <input type="checkbox"/> circulatory disorder | <input type="checkbox"/> tennis elbow |
| <input type="checkbox"/> varicose veins | <input type="checkbox"/> pregnancy if yes how many month? _____ |
| <input type="checkbox"/> atherosclerosis | |

Please explain any condition that you have marked above _____

Is there anything else about your health history that you think would be useful for your massage practitioner to know to plan a safe and effective massage session for you? _____

Recuperate Massage Client Consultation Form

Please take a moment to read all of the following statements and print and sign your name in agreement to statements below:

A. I, (the therapist) anticipate on using the following type of massage therapy services/techniques upon agreement/preference: Swedish Massage, Deep Tissue, Sports Massage, Trigger Point, Prenatal, Hot Stone, Myofascial Release, Neuromuscular Therapy, Facial Massage, and Foot Massage/Scrub.

B. The indications for massage are stress, headaches, pain in muscles, muscular spasms, pain in joints, pain in shoulders, hands, arms, or legs and feet.

C. The areas of the body that will be massaged during the session upon agreement/preference will be: head, neck, face, shoulders, chest, stomach, arms, forearms, hands, back, glutes, thighs, legs, and feet. **Breast massage of a female client will NOT be performed.** The contraindications for massage are fever, acute infectious disease, inflammation, osteoporosis, varicose veins, blood clots, edema, high blood pressure, diabetes, cancer, intoxication, skin problems, hernia, and some diseases (please discuss your health with me if you have any of these conditions or others). A contraindication may result in certain areas of the body to not be massaged or the massage session to rescheduled.

D. Prenatal massage clients must be in their second to third trimester to receive a massage and have their doctor ok them for a prenatal session in writing if they have any conditions. Ensuring the therapist that the client can receive massage therapy. Examples are the following conditions: high risk pregnancy, pregnancy induced hypertension (PHI), preeclampsia, and previous pre term labor. Clients, who just had a baby, may come in for a session six weeks after having baby.

E. Draping will be used at all times during the session, only the area of the body that is being massaged will be uncovered, unless otherwise agreed by both the client and me.

F. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions/injuries and answered all question 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.

G. I understand that the massage/bodywork I receive is provided for basic purpose of relaxation, stress reduction, and relief of muscular tension or spasm and increase in circulation. If I experience any pain or discomfort during session, I will immediately inform my therapist so pressure/strokes may be adjusted to my level of comfort. I understand that I may feel some discomfort during deep tissue massage and some

soreness for 1-3 days after. I will not hold my therapist responsible for pain or discomfort I experience during or after session.

H. I, (the client) understand that any illicit or sexually suggestive remarks or advances that I make will result in immediate termination of the session, and I will be liable for payment of scheduled appointment.

I. I further understand that massage or body work should not be construed as 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 session given should be construed as such.

J. If for any reason you feel uncomfortable during the massage, you may ask me to cease the massage, and I will end the session immediately.

K. Clients under the age of 18 must be accompanied by parent or legal guardian during the entire session. Informed written consent must be provided by parent or legal guardian for any client under 18 to receive massage with or without parent/guardian present in session room.

L. If a cancellation is necessary, appointments must be canceled at least 24 hours in advance, otherwise a payment of \$25 for missed appointment will be expected before the next appointment.

Information and Suggestions

- Prior to your massage, please remove contact lenses if needed and all jewelry. Pull long hair back with clip or band.
- In general, massage is given while you are unclothed. However, you may choose to wear undergarments. You will be covered with top sheet throughout your session; only areas being massaged will be uncovered. This is your massage and you should be as comfortable as possible.
- Please make sure to breathe slowly in and out throughout your session and relax your body.
- Feel free to ask any questions before, during, or after the session.
- I affirm that I have notified my therapist of all known medical conditions and injuries.
- I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so.

· By signing this release, I hereby waive and release Recuperate Massage/MyTherapist from any and all liability, past, present, and future relating to massage therapy and bodywork.

I (the client) have received the policy statements, and have read and agreed to the policies therein.

Client Name Print: _____ Date: _____

Client Signature: _____ Date: _____

I (the therapist) agree to provide the services indicated therein.

Therapist Signature: _____ Date: _____