

*Confidential Massage-Client Intake Form*  
*Jing Liu /Massage-to-Health.com*

Today's Date \_\_\_\_\_

PLEASE PRINT LEGIBLY

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_ How did you find out about my practice?  Google ,  Yahoo,  
 Bing,  Yellowpages,  Yelp,  Referral, other \_\_\_\_\_

General Medical Information

Have you ever had a professional massage?  1<sup>st</sup> time  A few times in my life  Frequently

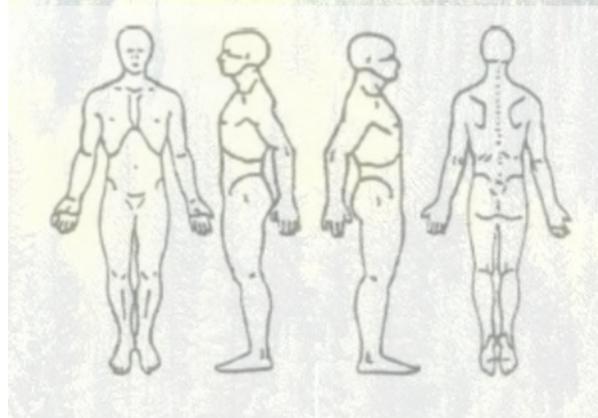
Massage Enthusiast. What is your favorite style of massage? \_\_\_\_\_

Circle your preferred pressure level: 1 2 3 4 5 6 7 8 9 10

Are you allergic, sensitive or dislike any creams, oils or scents? If yes, please indicate  
\_\_\_\_\_

Are you on any pain medications or blood thinners today; such as, Coumadin, Lovenox, Heparin ,Aspirin, etc.? \_\_\_\_\_

Circle body areas that are painful, sore and need attention.



Are there any areas that you do NOT want to be worked on? Yes \_\_\_ No \_\_\_

If yes, please specify the areas that are off limit:  Scalp;  Face;  Chest;  Stomach;  Butt;

Hands;  Thighs; Other \_\_\_\_\_

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Please circle or indicate with an (X) those conditions that have affected your health either recently or in the past:

breast Implants	HIV/AIDS	skin conditions
broken/dislocated bones	injuries (acute or recent)	spine problems
bruise easily	kidney disorders	stress
cancer	Lupus	TMJ disorder
chronic pain	muscle strain/sprain	Tuberculosis
constipation	osteoporosis	varicose veins
depression	painful joints	whiplash
diabetes	pregnancy	Other

What are your goals/expectations for this therapy session? \_\_\_\_\_

I want you to make your appointment as pleasant and comfortable as possible, please feel free to ask me any questions before, during, or after your session. I want you to be informed, comfortable and receive a massage that is tailored to your needs, which requires we have good communication.

Treatment Consent

If I experience any pain or discomfort during my sessions, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I understand massage bodywork is not a substitute for medical examination, diagnosis or treatment and I agree to keep the therapist updated as to changes in my medical condition and understand the therapist is not liable if I fail to do so (the therapist needs to know this information since certain procedures in massage should not be performed with certain medical conditions). I understand the therapist is not qualified to diagnose, prescribe or treat any physical or mental illness. I understand that massage therapy is not in any way sexual. Illicit or sexually suggestive remarks made to the therapist will result in the termination of your session, and I will be responsible for the full payment of the scheduled appointment.

Appointment Cancellations

If you need to cancel your massage session, please contact me right away or you may cancel your appointment online using the link provided in your appointment confirmation email.

Your cancellations are automatically accepted up to the day prior to your appointment. 50% of your scheduled fee may be charged if you do not give me proper notice of your cancellation or simply don't show up. If you are late for an appointment, you are entitled to the remaining time in your reserved time-slot; however, the full scheduled fee applies. Any other accommodations; such as, extending your massage into another time-slot due to a late arrival, is on a case-by-case basis according to what my scheduled appointments will allow me at that time - If the time is available, you'll get it! Your consideration is greatly appreciated.

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