



Massage Client Intake Form

Name: _____ Date of birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home: _____ Cell: _____ Work: _____

Email: _____ Occupation: _____

How do you prefer to be contacted? Phone: _____ Text: _____ Email: _____

How did you hear about Renewing Touch Therapies? _____

Have you been to a massage therapist before today? If so, when was last visit? _____

Are you currently under a doctor's care? _____ Doctor's name: _____

If yes, for what condition? _____

List of surgeries (type & date) _____

Medications/supplements? _____

Pregnant? _____ How many weeks? _____

Please circle any of the following that apply to you:

- | | | | |
|---------------------|---------------------|---------------------|---------------|
| Sinusitis | Backache | Headaches | Migraines |
| Neck aches | Feet/leg aches | Poor circulation | Arthritis |
| Shoulder pain | Skin rashes | Strokes | Fibromyalgia |
| Diabetes | Varicose veins | High blood pressure | Osteoporosis |
| Numbness | Chronic fatigue | Depression | Thrombosis |
| Lymphatic condition | Tendonitis/Bursitis | Sciatica | Recent injury |

Any other condition not listed above? _____

Have you ever had serious accident/injury? _____

What do you hope to benefit from massage therapy today? _____

Massage Client Waiver

Please take a moment to read and initial all of the following:

If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session. _____

I understand that the services offered today are not a substitute for medical or chiropractic care and that the therapists do not diagnose medical conditions. _____

I affirm that I have notified my therapist of all known medical conditions and injuries. _____

I affirm that it is safe for me to receive massage therapy and 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. _____

I understand that massage is entirely therapeutic and non-sexual in nature. _____

I understand that I am expected to provide 24-hours notice for cancellation. I further understand that payment is expected for the time I have reserved in the event of late cancellation or missed appointments, unless other arrangements are made. _____

By signing this release, I hereby waive and release my therapist from any and all liability- past, present, and future relating to massage therapy and bodywork. _____

Signature: _____

Date: _____

Print Name: _____

Information & Suggestions

- Prior to your massage, please remove contact lenses and all jewelry. Pull long hair back with a clip or a band.
- In general, massage is given while you are unclothed. However, you may choose to wear undergarments or a swimsuit. you will be covered with a top sheet throughout your session. This is your massage and you should feel as comfortable as possible.
- Feel free to ask your therapist any questions before, during, and after your the session. Your therapist is a highly-trained professional and will be happy to make you feel comfortable and informed.