

It's All About You Massage Intake

Name _____ Date _____

Address

_____ Street _____ City _____ State _____ Zip _____

Home Number _____ Cell Number _____ Date of Birth _____

Email _____ Profession _____

Emergency Contact _____
Name _____ Relationship _____ Number _____

How did you hear about me? _____

Have you had massage before? Yes _____ No _____ How often? _____

Are you pregnant? Yes _____ No _____ If so, how many weeks? _____

Please check any condition listed below that applies to you:

- () contagious skin condition
- () phlebitis () deep vein thrombosis/blood clots
- () joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis () osteoporosis
- () epilepsy () headaches/migraines () cancer () diabetes () decreased sensation
- () back/neck problems () Fibromyalgia () TMJ () carpal tunnel syndrome
- () tennis elbow () atherosclerosis
- () open sores or wounds () easy bruising () recent accident or injury
- () recent fracture () recent surgery () artificial joint () sprains/strains
- () current fever () swollen glands () allergies/sensitivity () heart condition
- () high or low blood pressure () circulatory disorder () varicose veins

Please explain any condition that you have marked above:

—
Have you had a recent major surgical procedure or injury? Yes _____-No

Please
explain:_____

Do you have any other conditions that your massage therapist should be aware of? Yes ___ No___

Are you taking any medications, supplements or herbal treatments? Yes _____No _____

Please list and include purpose:_____

—
Are you under the care of a Chiropractor, Physician, Physical Therapist or Mental Healthcare

Provider? Yes_____ No_____

Name (s):

What is your current level of stress? Please circle : LOW 1 2 3 4 5 HIGH

Are you allergic to any skin lotions or oils? Yes _____ No _____

Please explain:

Aromatherapy:

Do you have any aromas that disturb you? _____

Do you have any aromas that you enjoy? _____

Do you have any allergic reactions to certain scents? If so, which ones? _____

I understand that the services given here at It's All About You Massage are for the purpose of stress and pain reduction, relief from muscular tension or spasm, and for increasing circulation and energy flow. Modest draping is utilized. All body parts will be addressed except for genitals and breasts. I understand that the massage therapist does not diagnose illness, disease, or any other physical or mental disorder. The massage therapist does not prescribe medical treatment or pharmaceuticals, or perform spinal manipulation. I understand that massage therapy is not a substitute for medical examinations and/or diagnosis and that it is recommended that I see an appropriate health care provider for any physical ailment that I might have. Under certain medical conditions massage therapy should not be performed, and I affirm that I have stated all known medical conditions, and answered all questions honestly. I agree to keep the therapist updated to any changes in my medical profile, and understand that there shall be no liability on the therapists's part should I fail to do so.

I also understand that sexual harassment of any kind is not tolerated, any illicit or sexually suggestive remarks or advances will result in immediate termination of the session, and I will be liable for payment of scheduled appointment. I also understand that cancelled appointments with less than 24 hours notice or missed appointments will be charged for that appointment.

I understand and voluntarily accept the risks associated with your massage services. It's All About You Massage will not be liable for any injury or damage, including but not limited to, personal, bodily, or mental injury, economic loss, or any other damage to me, my spouse, guest, unborn child, or others resulting from the negligence of It's All About You Massage or anyone acting on It's All About You Massage facilities.

By signing below, I agree that I have read this Liability Release and agree to all the terms and conditions of this Liability Release

Signature: _____ Date: _____