

Rassel Daigneault **HOLISTIC HEALTH CENTER**

Massage Therapy Intake Form

Personal Information

NAME: _____ Occupation: _____
Address: _____ City: _____ State: _____ Zip: _____
Daytime Phone: (_____) _____ Evening Phone: (_____) _____
Email Address: _____ DOB: _____
Emergency Contact: _____ Phone: (_____) _____

Massage Experience

How did you hear about us? _____
Have you ever had a professional massage before? Y / N
If yes, when was your last massage? _____
What type of massage? (ex. Swedish, Deep Tissue, etc.) _____
Do you have any difficulty laying on your front, back or side? _____
Do you have any allergies to oils, lotions or ointments? _____
What type of pressure do you like? (Please Circle) Light – Medium – Firm – Deep
Level of conversation (circle one): I love to chat I lead the conversation I prefer silence

Health History

Please list any medications or supplements you are currently taking and explain: _____

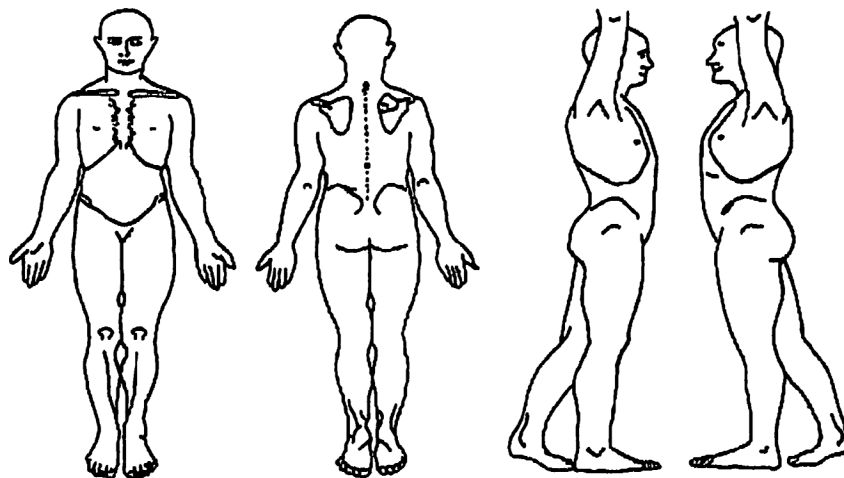
Are you currently pregnant? _____ If yes, how many weeks along? _____
Please list any injuries/ accidents/ illnesses still affecting you _____

Please list any surgeries and explain: _____

Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort?

Do you have any particular goals in mind for this massage session? _____

Please circle your areas of concern on the body below:



Special Note: Some acupressure points in this massage are not appropriate for pregnant women. Please tell your practitioner if you are pregnant or are trying to get pregnant.

Cancellation Policy

You may cancel your appointment without charge as long as you cancel before the close of business on the day before your appointment.

***Late or same day cancellations will be charged \$29.

***If you do not cancel your appointment and do not show up for your scheduled appointment, you will be charged full price for the scheduled service.

Release Form

By signing this, I agree that I have answered all questions to the best of my knowledge and that I will inform the therapist of any changes in my condition or medication. If I experience any pain/discomfort or would like the pressure adjusted, I will inform the therapist immediately.

I understand that a massage therapist cannot diagnosis any illness, disease, or any physical or mental disorders nor can the therapist prescribe any medication and that nothing said in a session should be construed as such. I understand that massage therapy is intended to work in conjunction with my health care, not act as a substitute for medical examination. I understand that it is my responsibility to consult a physician for any ailments I may have.

I understand that massage therapy is a therapeutic measure used to reduce stress, muscular tension, and pain. I understand there are no guarantees for recovery and if I am unsatisfied with the progress made with my treatment I will inform the therapist, so he/she may direct me to another treatment. I also understand that massage therapy is non-sexual in nature and any advancement made will terminate the massage.

Print Name: _____

Signature: _____

Date: _____