



CLIENT INTAKE FORM

Name _____ Phone(s) _____

Address _____

City _____ State _____ Zip _____ Email _____

Date of Birth _____ Occupation _____

Referred By _____

Would you like to be on the mailing list? Yes No

Emergency Contact _____ Relation _____ Phone _____

What kind of pressure do you prefer? light medium deep

What are your massage/bodywork goals? Please consider goals for physical, emotional, and spiritual aspects of your life _____

What activities do you regularly engage in? _____

Any allergies, injuries, surgeries, medications, limited range of motion? _____

Anything else I may need to know? Any areas you don't want worked? _____

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a 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 practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing in the course of the session given should be construed as such. 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. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session and I will be liable for payment of the scheduled appointment.

CANCELLATION POLICY:

- You may cancel your appointment without charge anytime over 24 hours before your appointment.
- Cancellations 24 hours or less prior to appointment will be charged 100% of the scheduled service price unless that spot is filled.
- If you do not show for your scheduled appointment, you will be charged full price for the scheduled service.

Client Signature _____ Date _____

Practitioner Signature _____ Date _____