

Enlightened Touch Massage Therapy

New Client: Confidential Intake Form

Name: _____ Date: _____ DOB: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: (____) _____ Occupation: _____

Are you currently taking any medications? YES / NO

If yes, what and what for? _____

Are you currently seeing a healthcare professional, other than regular preventative exams? YES / NO

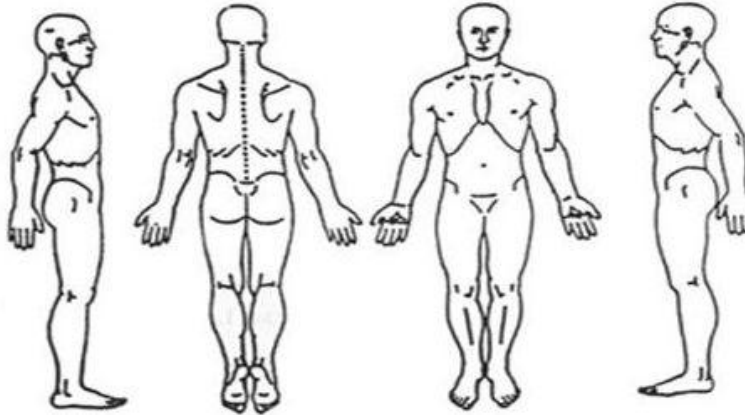
If yes, what for? _____

Have you had a massage before? YES / NO

What kind of pressure would you like today? Light Medium Deep

What are your goals/expectations for this therapy session? _____

Please circle any place you would like extra attention during massage. (abdominal and facial massage are not considered part of the "full body massage", unless requested)



Do you have any of the following today?

_____ Skin Rash _____ Cold/Flu _____ Open Cuts _____ Severe Pain
_____ Anything Contagious _____ Injuries/ Bruises

Please Check any conditions that currently affect your health. If you have had any of the conditions in the past, write "past" on the line.

<input type="checkbox"/> Arthritis	Auto-immune disease_____
<input type="checkbox"/> Blood Clots	Broken/ Dislocated Bones_____
<input type="checkbox"/> Bruise Easily	Back Problems_____
<input type="checkbox"/> Cancer	Chronic Pain_____
<input type="checkbox"/> Constipation/Diarrhea	Chemical Dependency_____
<input type="checkbox"/> Diabetes	Diverticulitis_____
<input type="checkbox"/> Depression, Panic attacks, Anxiety	Hepatitis (A, B, C, Other)_____
<input type="checkbox"/> Headaches/migraines	Heart Conditions_____
<input type="checkbox"/> High Blood Pressure	Pregnancy- How far along?_____
<input type="checkbox"/> Recent Surgery	Recent muscle Strain/sprain_____
<input type="checkbox"/> Skin conditions	Stroke_____
<input type="checkbox"/> Scoliosis	Seizures_____
<input type="checkbox"/> TMJ Disorder	Whiplash_____

If you feel any of the above needs further explanation, please write it here: _____

Do you carry an EpiPen/ Rescue inhaler? YES / NO

The following sometimes occurs during massage. They are normal responses to relaxation and the moving of fluids in the body.

- Falling asleep, passing gas, non-sexual arousal, change in breathing patterns, internal gurgling, and becoming emotional.

Your appointment may run longer than the time of the actual massage, due to inquiry, dressing, and payment. Please plan for an extra 15 minutes.

Cancellation Policy: Please notify me at least 24 hours prior to your appointment starting time. If you fail to do so, you will be charged for the missed session. You may also be denied a session if you show up with anything contagious, or are too sick for massage to be beneficial. If you are more than 15 minutes late without notification, I may leave, and you will be charged.

Please read the following information and sign below.

1. I understand that while massage therapy can be very relaxing and therapeutic, it is not a substitution for medical examination and diagnosis or treatment.
2. This is a therapeutic massage and any sexual remarks or advances will terminate the session and I (The Client) will be liable for payment of the scheduled treatment.
3. Being that massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully.
4. I understand that this signature serves for both current and future sessions.

Signature: _____ Date: _____