Massage Therapy Intake Form

To be updated annually. Please alert therapist of any health changes at time of massage.

Name: ____ Birth Date: _________________________________

Address: ____ Home Telephone: ___________________________

____ Business Telephone: _________________________

City/State/Zip: _____________________________________ Occupation: ________________________________

Referred by: _______________________________________

In case of an emergency, notify: ____ Phone: ______________________

Have you ever had a professional massage? Yes No

What is your primary reason for massage appointment? ____

Have you been under a doctor's care in the last 12 months? (If yes, please explain)

____

Does the massage therapist have permission to contact your physician if necessary? Yes No

Physician Name and Phone Number ____

Please mark (X) for all conditions that apply now. Put a (P) for past conditions, and (F) for family history of illness.

___headaches, migraines	___chronic pain	___fatigue
___vision problems, contact lenses	___ muscle or joint pain	___tension, stress
___hearing problems, deafness	___muscle, bone injuries	___ depression
___ Injuries to face or head	___numbness or tingling	___sleep difficulties
___sinus problems	___sprains, strains	___allergies, sensitivities
___dental bridges, braces	___arthritis, tendonitis	___rashes, athletes foot
___jaw pain, TMJ problems	___cancer, tumors	___infectious diseases
___asthma or lung conditions	___spinal column disorders	___blood clots
___constipation, diarrhea	___diabetes	___varicose veins
___hernia	___pregnancy	___high/low blood pressure
___abdominal or digestive problems	___birth control, IUD	___heart, circulatory problems
___other medical conditions not listed	___Alzheimer / dementia	___hepatitis B or C

Explain any areas noted above:

____

____

Current medications, including aspirin, ibuprofen, herbs, supplements, etc.:

____

____

Surgeries: ____

Accidents: ____

<u>Please Read and Sign the Informed Consent and the Appointment Agreement on the other side.</u>

Name: ____

(Please print)

Informed Consent:

I have completed the Confidential Client History Form to the best of my knowledge. I agree to keep the massage therapist updated on any changes in my health.

I understand that close contact with people increases the risk of infection from viruses, illnesses and communicable diseases. I acknowledge that I am aware of the risks involved and give consent to receive massage services from Dexter Wellness Center. I understand that my name and contact information might be shared with the state health department in the event that a client or practitioner at this facility tests positive for a highly contagious disease. My contact details will only be shared as relevant for contact tracing and only for appropriate follow-up by the health department.

I understand that massage services are designed as a health aid which is not intended to replace the services of a physician, physical therapist, chiropractor or other licensed medical provider nor does it constitute a doctor-patient relationship. I am aware that the massage therapist does not diagnose illness or disease.

The general benefits of massage, possible massage contraindications and the treatment procedure have been explained to me. If I experience any pain or discomfort during the session, I will immediately inform the massage therapist so the treatment can be adjusted. I understand that I have the right to ask the therapist to terminate or modify the treatment at any time, regardless of reason.

If I am utilizing other areas of the Wellness Center during my massage visit, I agree to the **Waiver and Release Guidelines** followed by guests of the facility as stated here:

> You acknowledge that your attendance at or use of Dexter Wellness Center (DWC) Facility, including without limitation your participation in any of DWC programs or activities and your use of DWC equipment and facilities, and any transportation which may be provided by DWC, could cause injury, which may result from or arise out of your attendance at or the use of DWC Facility or its equipment, activities, or transportation: and you agree, on behalf of yourself and your heirs, executers, administrators, and assigns, to fully and forever waive, indemnify, hold harmless, release and discharge DWC, its affiliates and all of their respective officers, trustees, employees, agents, successors, and assigns, and each of them (collectively, the "Releases"), from any and all claims, damages, demands, rights of action or causes of action, present or future, known or unknown, anticipated or unanticipated, resulting from or arising out of your attendance at or use of DWC Facility, or its equipment, activities or transportation. Further, you hereby agree or waive any and all such claims, damages, demands, rights or action or causes of action. In addition, you hereby agree to release and forever discharge the Releases from any and all liability for any loss or theft, or damage to personal property. You acknowledge that you have carefully read this waiver and Release and fully understand that it is a waiver and release of any and all liability.
>
> I also agree to follow the same etiquette guidelines set forth for our members (copy of member handbook available upon request)

Client Signature: ____ Date: ________________ Staff Initials: _____________

(Or legal guardian if under 18 years of age)

Guidelines for MINORS (under 18 years old) scheduling and receiving Massage.

- A legal guardian will need to sign the Informed Consent and Appointment Agreement.
- The guardian must be in the massage room during the massage for anyone **14 years old and younger**.
- If the massage therapist, guardian and client agree, the guardian does not have to be in the room for 15, 16 or 17 year olds.

Appointment Agreement:

I agree to arrive 15 minutes before scheduled appointment to allow time to pay for and prepare for the massage. The massage will begin at the scheduled appointment time, ensuring that you receive the full benefit of the length of massage you requested.

We respectfully ask that you provide 24-hour notice of any cancelation request or schedule change. When appointments are canceled or missed without providing 24-hour notice, we are often unable to fill that appointment time. Other clients miss the opportunity to work with the therapist; the schedule and earnings are disrupted. For this reason**, any individual who cancels a scheduled appointment less than 24 hours in advance or does not show up for a scheduled appointment, will be charged for this session.**

I understand that the massage sessions and packages expire one year from date of purchase, may only be used at the center in which they are purchased, and are non-refundable.

Recurring Appointments:

While staff will assist with booking my "standing appointment" times, it is ultimately my responsibility to make sure my appointments are booked into upcoming months.

I understand and agree to the above conditions.

Client Signature: ____ Date: ________________ Staff Initials: _____________

(Or legal guardian if under 18 years of age)