



MASSAGE THERAPY INTAKE FORM
For Use by Clients of an Independent Contractor Massage Therapist

Personal Information

Name: _____ Occupation: _____
Address: _____ City/State/Zip: _____
Cell Phone: () _____ Other Phone: () _____
Email: _____ DOB: _____
Emergency Contact: _____ Phone: _____

Massage Experience

How did you hear about us (check all that apply):

_____ Your massage therapist: _____
_____ Aquarius Wellness: _____

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.) _____

What is your goal for today? _____

What type of pressure do you like? Light – Medium – Firm – Deep? _____

Are you uncomfortable receiving massage on any of the following areas?

Gluteal Region (Y/N) Pectoral Region (Y/N) Abdomen (Y/N) Facial/Scalp (Y/N) Feet (Y/N)

Are you wearing contact lenses? Y / N

Health History

1. Please list any areas to avoid for any reason such as injury, skin conditions, ticklishness, self-consciousness, etc.

2. Are you pregnant? ____ Yes ____ No

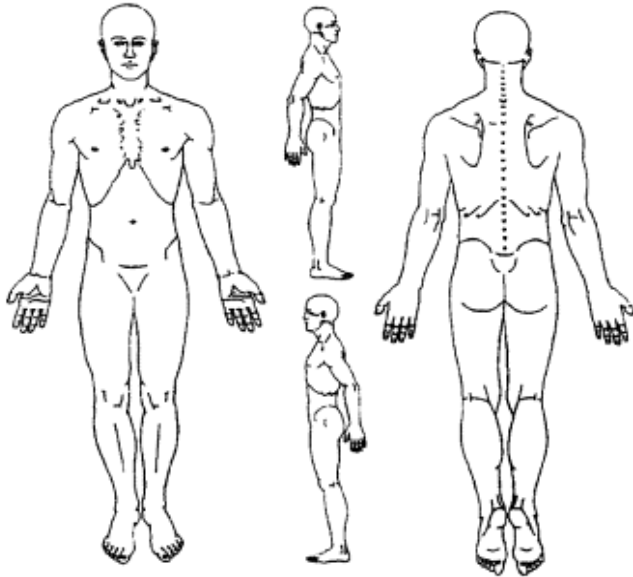
3. Do you have any health problems or concerns that we need to be aware of before treatment?
If Yes, please describe. _____

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

5. Please list any injuries/accidents/illnesses still affecting you: _____

6. Please list any surgeries and explain: _____

7. Please identify the areas of concern on the chart below:



Client's Duty to Communicate with Massage Therapist

I understand that the massage 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 therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage 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 that I am aware of.

I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so. I understand that all services provided at Aquarius Wellness Center for Healing Arts are strictly for therapeutic purposes only and any inappropriate behavior or comments may result in the immediate termination of the session with no refund option.

I understand that the massage therapist performing the services is an independent contractor and not an employee of Aquarius Wellness Center for Healing Arts. Any disputes between the client and the massage therapist cannot be resolved by the management of Aquarius Wellness Center for Healing Arts. The management of Aquarius Wellness Center for Healing Arts reserves the right

to request any client who is not compliant with the terms outlined in this document to leave the premises.

Informed Consent for Massage Therapy

This document will be maintained by your massage therapist in his or her confidential files. Aquarius Wellness Center for Healing Arts is not responsible for the storage of this document.

Massage Therapy includes the assessment and treatment of the soft tissues and joints of the body, by means of any, or some of the following: soft tissue manipulations, joint mobilization, hydrotherapy, remedial exercise programs, and directed self-care programs.

Please read the following and inform your massage therapist if you have any questions:

- All massage treatments, information, and records will be safeguarded and remain confidential.
- In the event that client information needs to be shared, written consent will be first acquired from the client.
- The integrity of each client is respected. Thus:
 - Privacy for undressing/dressing will be assured. Removal of clothing to your comfort level is recommended
 - Proper draping will be provided to assure security and privacy. Only the body part being treated will be undraped, leaving the remainder of the body fully draped at all times.
 - The therapist will use a pain scale from 0 to 10 and should not exceed a pain of level 7. (0 is described as having no pain and 10 is described as the most excruciating pain possible). Communicate with the therapist to ensure that he knows your level of comfort during the entire session.
- Promptness is required for appointment times. In the event of lateness, the massage may be cut short. Fees may be maintained as per the schedule.
- Your therapist will instruct you on the forms of acceptable payment prior to your treatment. Receipts will be issued.
- The client may refuse, modify, or terminate treatment at any time, regardless of prior consent given.
- The therapist may refuse to treat any client or part of their body with just and reasonable cause.

I have read and understand the information contained in this form and consent to be treated for conditions discussed with the therapist.

Date: _____

Client Signature: _____

Therapist Signature: _____