** Client Intake Form**  **Date \_\_\_\_\_\_\_\_\_\_\_**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you had a professional massage before? \_\_\_\_\_\_\_\_\_ If yes, how often? \_\_\_\_\_\_\_\_\_**

**Do you have difficulty lying on your front, back, or side? \_\_\_\_\_\_ If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have any allergies to oils, lotions, essential oils, or smudges (palo santo, sage, cedar, sweetgrass)? \_\_\_\_\_\_\_\_**

**Do you bruise easily? \_\_\_\_\_\_\_\_\_\_ Do you have any chronic illness? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you had any recent surgeries or injury, if yes please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you currently seeing a Chiropractor, Physical Therapist or Physician for an ongoing issue? \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you had, or currently have any of the following**

**\_\_ Bone or joint disease \_\_ Seizures \_\_ Heart condition**

**\_\_ Tendonitis or Bursitis \_\_ High Blood Pressure \_\_ Phelbitis / Varicose Veins**

**\_\_ Arthritis / Gout \_\_ Auto- immune condition \_\_ Blood Clots**

**Are you currently taking any medication? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you sit for long hours at a workstation, computer, or driving? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you perform any repetitive movement in your work, sports, or hobby? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you experience stress in your work, family, or other aspect of your life that you feel is effecting your health? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What areas of your body do you tend to hold the most tension? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you experiencing stiffness or pain? If yes, where \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are there any areas of your body that prefer not be worked on? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What are your main goals for this session? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is there anything else that you would like me to know about your health? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**“The Body is a self-healing organism, so it’s really about clearing things out of the way so the body can heal itself” - Barbra Brennan**

 **Massage Client Waiver Form**

**\_\_\_\_ If I experience pain or discomfort during the session I will immediately inform my therapist so that the pressure can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.**

**\_\_\_\_ I understand that services offered today are in no way a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.**

**\_\_\_\_I affirm that I have notified my therapist of all known medical conditions and injuries.**

**\_\_\_\_ I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist’s part should I forget to do so.**

**\_\_\_\_ I understand that the massage is entirely therapeutic and non-sexual in nature.**

**\_\_\_\_ I understand that I am free to ask questions at any time before, during and after the session.**

**\_\_\_\_ I understand that by signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to massage therapy and bodywork.**

**\_\_\_\_ By signing below, I affirm that I have received the client bill of rights ( Mnn. Stat. 146A.11).**

 **Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

 **Printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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