



## Massage Intake

Name\_\_\_\_\_ Nick Name\_\_\_\_\_ Date\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Cell Phone\_\_\_\_\_ Cell Phone Provider\_\_\_\_\_ Home Phone\_\_\_\_\_

Texting OK \_\_\_\_\_ Email OK \_\_\_\_\_ Email\_\_\_\_\_

Age\_\_\_\_\_ DOB\_\_\_\_\_ General Health: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Occupation\_\_\_\_\_ Average Stress Level 1 2 3 4 5

Goal for seeking massage \_\_\_\_\_

Is this your first professional massage? ☐ Yes ☐ No When was your last massage?\_\_\_\_\_

Preferred Pressure ☐ Light ☐ Medium ☐ Deep Do you bruise easily?\_\_\_\_\_

Skin Conditions/Sensitivities \_\_\_\_\_

Allergies/ Sensitivities to Oils or Essences \_\_\_\_\_

Do you suffer chronic musculoskeletal pain or discomfort? Describe \_\_\_\_\_

\_\_\_\_\_

Do you experience migraines or Headaches? How often?\_\_\_\_\_

Describe any recent injuries \_\_\_\_\_

Describe & date any surgeries \_\_\_\_\_

Do you have a history or presence of cancer, diabetes, circulatory or heart conditions or any other medical condition I should be aware of?\_\_\_\_\_

\_\_\_\_\_

Do you have any communicable diseases? \_\_\_\_\_

Are you, is there any chance you may be pregnant? \_\_\_\_\_

Please list any current medications \_\_\_\_\_

\_\_\_\_\_

Are you under a doctor's care? \_\_\_\_\_ May I contact your doctor should the need arise? \_\_\_\_\_

Doctors Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Who referred you to me? \_\_\_\_\_

Please feel free to share any further information you feel is relevant to your massage treatment.

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### **Client Policy**

\_\_\_\_\_ I have reviewed the Just Be Bodyworks Client Policies. I have requested & received clarification on any policies I did not understand fully.

### **Informed Consent**

\_\_\_\_\_ I hereby request and consent to massage services performed by Just Be Bodyworks. I understand that massage services are intended as a complementary therapy and should in no way take the place of a doctor's care when it is indicated. I understand that results are not guaranteed.

### **Liability**

\_\_\_\_\_ I understand that information exchanged during any massage session is intended to be educational in nature and is to be used at my own discretion. I do not hold Just Be Bodyworks LLC liable or responsible for any therapeutic services rendered to me. I have been offered a copy of the HIPPA laws to review and am aware of my rights.

### **Financial Agreement**

\_\_\_\_\_ As a client of Just Be Bodyworks I understand that I am responsible for payment of all fees for any services or products rendered. By signing this statement as a guarantor, I agree to pay for all services and products that are deemed client responsibility by either Just Be Bodyworks or another agency involved such as an insurance company, attorney, etc. I understand that I am responsible for all fees incurred by me for services or products and agree to pay such fees in full at the time of service unless alternative billing arrangements have been made.

Signature \_\_\_\_\_ Date \_\_\_\_\_