



Client Intake Form

Personal Information

Name: _____ Is there a nickname you prefer: _____
Primary Phone: _____ Alternate Phone: _____ Other Phone: _____
Email: _____ Would you like to receive our email newsletter: Y / N
Street Address: _____
City: _____ State: _____ Zip: _____
DOB: _____ Emergency Contact Name: _____ Phone Number: _____
How or From Whom did you hear about Bliss Massage: _____

Massage Information

What is your Occupation: _____ Have you ever had a professional massage: Y / N
If yes, approximately how often: _____ If yes, what pressure do you prefer: _____
Why are you coming to Bliss Massage? Relaxation / Pain Management / Long-term Wellness / Other
What are your common areas of pain or tension: _____
Are there any areas you would like avoided in your session: _____
Have you ever received other natural care (Ex: Chiropractor, Naturopath, Acupuncturist, Herbalist, etc): Y / N
Do you have any allergies or sensitivities: _____
Are you pregnant: Y / N If yes, how far along are you: _____
(because massage may be contraindicated during pregnancy, a doctor's OK is required prior to receiving massage therapy)

Please check all conditions that apply to both your previous and current health history:

Musculoskeletal:

- ___ Bone or Joint disease
___ Tendonitis/Bursitis
___ Arthritis/Gout
___ Jaw Pain (TMJ)
___ Lupus
___ Spinal Problems
___ Migraine/Headache
___ Osteoporosis
___ Other (describe below)

Circulatory:

- ___ Heart Condition
___ Phlebitis/Varicose Veins
___ Blood Clots
___ High/Low Blood Pressure
___ Lymphedema
___ Thrombosis/Embolism
___ Other (describe below)

Psychological:

- ___ Anxiety
___ Stress
___ Depression
___ Other (describe below)

Nervous System:

- ___ Shingles
___ Numbness/Tingling
___ Pinched Nerve
___ Chronic Pain
___ Paralysis
___ Multiple Sclerosis
___ Parkinson's Disease
___ Other (describe below)

Skin:

- ___ Allergies
___ Rashes
___ Cosmetic Surgery
___ Athlete's Foot
___ Herpes/Cold Sores
___ Other (describe below)

Respiratory:

- ___ Breathing Difficulty/Asthma
___ Emphysema
___ Allergies
___ Sinus Problems
___ Other (describe below)

Reproductive System:

- ___ Pregnant
___ Ovarian/Menstrual Problems
___ Prostate
___ Other (describe below)

Digestive:

- ___ Irritable Bowel Syndrome
___ Bladder/Kidney Ailment
___ Colitis
___ Crohn's Disease
___ Ulcers
___ Other (describe below)

Other:

- ___ Cancer/Tumors
___ Diabetes
___ Drug/Alcohol/Tobacco Use
___ Contact Lenses
___ Dentures
___ Hearing Aids
___ Other (describe below)

If you checked "Other" in any of the previous fields, please describe your medical condition(s) here: _____

Current Health Information (please use the back of this page for additional space if needed)

- 1) Please indicate your average physical activity level: (rarely active) 1 2 3 4 5 (extremely active)
- 2) Please list any medications, vitamins, herbs or supplements you are currently taking: _____

- 3) Please list any accidents, injuries, surgeries, and/or procedures that you've had, or are planning to have, along with the date: _____
- 4) Do you have any internal pins, wires, artificial joints or special equipment, such as a pacemaker or port? If so, where: _____
- 5) Do you currently have any skin conditions or infectious disease(ex: rashes, athlete's foot, herpes/cold sores, poison ivy, eczema, cold/flu etc.)? If so, describe: _____

To the best of my knowledge, the health information I have provided is complete and correct. I understand that I am solely responsible for any errors or omissions that I have made in the completion of this form. I will keep the therapist updated as to any known changes in my medical condition in the future. I am aware and understand that my information is confidential and will not be shared outside of the staff at Bliss Massage without my consent.

I understand that massage therapy services are for the basic purposes of relaxation and the relief of muscular tension. I understand that massage therapy is in no way a substitute for a medical examination, diagnosis or treatment by a physician. I understand that the individual providing my massage therapy session(s) is not qualified to diagnose, prescribe, or treat any physical or mental illness and is not qualified to perform spinal or skeletal adjustments and that nothing said in the course of the session(s) should be construed as such. I hereby waive and release my massage therapist from any and all liability, past, present and future relating to massage therapy and bodywork.

I understand that all massage therapy services are completely non-sexual and that full sheet draping will be maintained throughout my session(s). Any illicit or sexually suggestive comments or actions made by me will result in immediate termination of the session and will be reported to the authorities. I acknowledge that if my massage is terminated due to sexual conduct, I am still responsible for full payment of my scheduled service.

I acknowledge that all sessions are payable in full at the conclusion of the appointment. If I should need to cancel an appointment with Bliss Massage, I agree to do so at least 24 hours before my scheduled appointment time or I will be subject to a \$25 late-cancellation fee. I am aware that Bliss Massage reserves the right to charge for any appointments that are late-cancelled or missed without notice, and I can be prohibited from pre-scheduling appointments if this becomes a continuing problem.

I am also aware that I am responsible for arriving at or before any of my scheduled appointment times and, if late, my treatment time will be shortened to end as scheduled. If I arrive late and wish to continue my session, I will pay the full amount of my scheduled service. If I arrive late enough that my massage therapist determines that there is not enough time to receive my massage, I understand that this will be considered a missed appointment subject to the \$25 fee.

I acknowledge that I have read, understand and agree to each of the above policies of Bliss Massage.

Signature (Signature of Parent/Guardian if under 18)

Date

Print Name (Name of Parent/Guardian if under 18)

Date

(FOR OFFICE USE ONLY: QB___ AC___ MC___ TY___ OT___)