



Client Intake Form

Personal Information

Name: _____ Is there a nickname you prefer: _____
Home Phone: _____ Cell Phone: _____ Other Phone: _____
Indicate your primary phone: Home / Cell / Other Is it ok to leave messages at your primary number: Y / N
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 massage therapy before: Y / N
If yes, approximately how often: _____ If yes, what pressure do you prefer: _____
Why are you coming to Bliss Massage? Relaxation / Pain Management / Wellness Therapy / Other
What are your common areas of pain or tension: _____
Are you under the care of a Chiropractor: Y / N List other therapies you receive: _____
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 early pregnancy, a doctor's OK is required for massage during the first trimester)

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

- 1) Please list any medications, vitamins, herbs or supplements you are currently taking: _____

- 2) Please list any accidents, injuries, surgeries, and/or procedures that you've had, or are planning to have, along with the date: _____

- 3) Do you have any internal pins, wires, artificial joints or special equipment, such as a pacemaker? If so, where: _____

- 4) Do you currently have any skin conditions or infectious diseases (ex: rashes, athlete's foot, herpes/cold sores, poison ivy, eczema, etc.)? If so, describe: _____

- 5) Please list any medical conditions that you currently have or had in the past, including but not limited to headaches, varicose veins, cancer, seizures, bruise easily, diabetes, jaw pain/TMJ, high blood pressure, fibromyalgia, etc.: _____

By signing below, I agree that I have read and understand the following terms and policies:

To the best of my knowledge, the above information 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 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 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 any illicit or sexually suggestive comments or actions made by me will result in immediate termination of the session and I am responsible for full payment. I also understand that the massage therapist will maintain full sheet draping throughout the session(s). I acknowledge that the treatment room is cleaned and reset after each massage and all equipment is maintained in good working order.

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 will do so at least 12 hours before my scheduled appointment time. After two (2) late cancelled appointments, I understand that I will be required to pay a 50% non-refundable deposit for any prescheduled appointments. I am aware that I may still attempt to receive a same day appointment without a required deposit. I am responsible for arriving at or before any of my scheduled appointment times and, if late, I understand that treatment time may not be extended and will 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 and do not wish to continue my session, I understand that it will be considered a cancellation with less than 12 hours notice.

I understand that my email address will be used by Bliss Massage for promotions and news. My privacy is important and my information will not be sold or given to anyone.

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

Signature (of Parent or Guardian if Client is under 18)

Date

Print Name (of Parent or Guardian if Client is under 18)

Date

(FOR OFFICE USE ONLY: QB ___ MB ___ MC ___ TY ___ OT ___)