Circle of Light Massage Client Health Intake Form

Name: _____ Date: ___/___/___

Occupation: _____

MASSAGE HISTORY/SESSION INFORMATION

Have you ever received a professional massage? Yes/ No (circle one)

If yes, what is your preference for pressure? Light/ Medium/ Deep / Not Sure (circle one)

Heat on the table? No Yes low Yes high (circle one)

Please review this list and circle those conditions that have affected your health either recently or in the past.

High/Low Blood Pressure	Carpal Tunnel	Neck Pain	Back Pain	Hip Pain
Pinched Nerve	Tingling/Numbness	Diabetic	Pregnant/Trying to Conceive	Fever
Recent Surgery	Recent Injury	Nausea	Fainting Spells	Skin Rash
Headaches	Migraines	Arthritis	Auto-Immune Disorder	Cancer
Broken/Dislocated Bones	Bruise Easily	Diarrhea	Constipation	Stroke
Chronic Pain	Fibromyalgia	Insomnia	Depression	Seizures
Panic Disorders	Heart Conditions	TMJD	Scoliosis	Whiplash
Skin Conditions	Muscle Strain/Sprain	Diverticulitis	Hepatitis (A, B, C, Other)	TB
Lymph Nodes Removed	Radiation Therapy	Emotional Trauma	Blood Clot Condition	Touch Deprivation
Implants	Neuropathy	Osteoporosis	Varicosities	Herpes
HIV/Aids	Other		Plantar Fasciitis	

If any of the health conditions needs to be detailed or if there is anything else to share, please do so:

_____

_____

_____

Are you currently seeing a Chiropractor, Physical Therapist or Physician for an ongoing issue? Yes / No (circle one)

Are you allergic to any lotions, oils or scents? _____

Have you used any topical medications in the past 8 hours? (creams, patches, etc)

_____

Are you on any medications? _____

_____

OVER →

The following sometimes occurs during massage. They are normal responses to relaxation. Trust your body to express what it needs to:
Need to move or change position, Sighing, Yawning, Change in breathing- Stomach gurgling, Falling asleep, Energy shifts
Emotional feelings and/or expression, Movement of intestinal gas, Memories

May we contact you for Appointment Confirmations, Changes, Cancellations, Marketing, etc.

Please check each of the following you give consent to: **____ Text ____ Email _____ Phone**

Who may we thank for referring you?

_____

I understand that my session time includes intake and time get dressed/undressed. I understand if the massage therapist starts a session late he/she will make it up to me at the end of my session if possible, or will reduce my fee accordingly. I understand that if I arrive late, my session will end at the originally scheduled time so the client following me is not penalized.

I understand the Cancellation Policy: 24 Hours notice: No Charge. 24-12 Hours Notice: 50% of Appointment Price. 12 Hours or Less: 100% of Appointment Price (or No Show.) Emergency cancellations are determined by the business's discretion.

I understand that massage therapy is a therapeutic health aide and is non-sexual. Any sexual remarks or advances will terminate the session and I will be liable for payment of the scheduled treatment.

I have completed this form to the best of my knowledge and I understand I am responsible for consulting a qualified physician for any physical ailments that I have. I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork 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 of which I am aware. I understand that massage practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, or prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. I understand that modalities like cupping and gua sha may cause bruising and discoloration of the skin,

Client Signature _____

Date _____