



## Client Intake / Health History

### Personal Information

Full Name	Birthday mm/dd/yyyy
Home Phone #	Cell Phone #
Address	
Email Address	
Occupation	

### Required For Safe Treatment

Emergency Contact Name	Relation	Contact #
Family Doctor	City They Practice in	

### Medical History

Are you currently under medical supervision? →	Please Circle Yes No
If yes, for what condition?	
Do you see a chiropractor, or other alternative practitioner? →	Please Circle Yes No
If yes, what do they practice and how often do you see them?	
Are you currently taking any medication? →	Please Circle Yes No
If Yes, please list the medication and what it is for:	

Please check any condition listed below that applies to you:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Easy bruising             | <input type="checkbox"/> Heart condition                  | <input type="checkbox"/> Osteoarthritis      | <input type="checkbox"/> Fibromyalgia                               |
| <input type="checkbox"/> Recent accident or injury | <input type="checkbox"/> High or low blood pressure       | <input type="checkbox"/> Tendonitis          | <input type="checkbox"/> TMJ  |
| <input type="checkbox"/> Recent fracture           | <input type="checkbox"/> Circulatory disorder             | <input type="checkbox"/> Osteoporosis        | <input type="checkbox"/> Carpal tunnel syndrome                     |
| <input type="checkbox"/> Recent surgery            | <input type="checkbox"/> Varicose veins                   | <input type="checkbox"/> Epilepsy            | <input type="checkbox"/> Tennis elbow                               |
| <input type="checkbox"/> Artificial joint          | <input type="checkbox"/> Atherosclerosis                  | <input type="checkbox"/> Headaches/migraines | <input type="checkbox"/> Pregnant, or trying to get pregnant? _____ |
| <input type="checkbox"/> Sprains/strains           | <input type="checkbox"/> Phlebitis                        | <input type="checkbox"/> Cancer              | If yes, how many months?  |
| <input type="checkbox"/> Current fever             | <input type="checkbox"/> Deep Vein Thrombosis/Blood clots | <input type="checkbox"/> Diabetes            |   |
| <input type="checkbox"/> Swollen glands            | <input type="checkbox"/> Rheumatoid arthritis             | <input type="checkbox"/> Decreased sensation |   |
| <input type="checkbox"/> Allergies/sensitivity     |   | <input type="checkbox"/> Back/neck problems  |   |

Please explain any condition that you have marked above:

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Please list any other information about your health history that you think might be useful in planning a safe and effective Massage Therapy Treatment:

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**Massage  
In General**

Have you had a professional massage before? (if yes please see below)	Please Circle      Yes      No
What kind of pressure do you <u>generally</u> like?	<input type="checkbox"/> Relaxing <input type="checkbox"/> Medium <input type="checkbox"/> Deep <input type="checkbox"/> Maintenance (Medium pressure using deeper pressure when necessary)
<u>Generally</u> , do you like the table to be heated during the massage?	Please Circle      Yes      No

**Today's  
Session**

Do you have a particular goal in mind for today's session? If yes, please explain	Please Circle      Yes      No
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Circle any specific areas you would like to concentrate on during the session or areas of chronic pain.  
Comments (if any):

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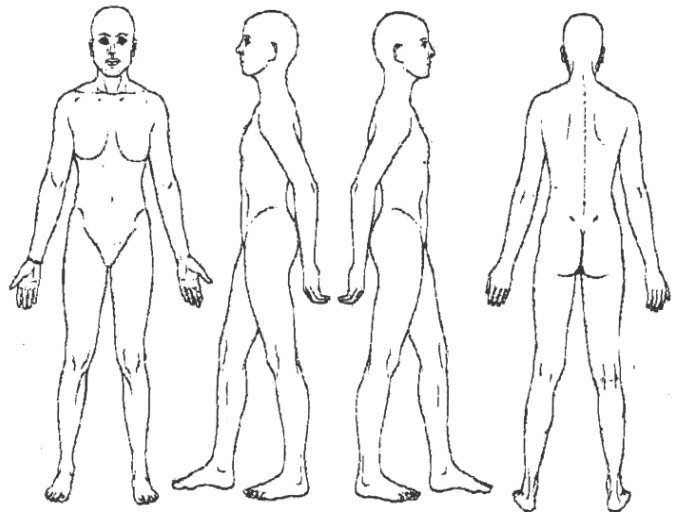
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# Policies for Massage Practice

1. **Canceling your appointment:** If you cannot make your scheduled appointment, please offer 24 hours' notice. You can notify me via text message, email, or by phone. If you choose text message please wait for my confirmation message, I will send back a message confirming your cancellation. If you do not receive a confirmation text message from me that means I didn't get your message! If you cancel **within 24** hours your of scheduled time, for any reason other than an emergency you will be charged the cost of the appointment.
2. **Not showing for your appointment:** If you do not show up for your appointment, you will be charged the full cost of the session.
3. **Arrival time:** Please arrive as close to your appointment time as possible. The time we set aside for your appointment is completely yours. **If you are late to your session, you are missing out on your massage time.** The session will end at the time scheduled and the full cost of the session is expected as the time was set aside for you.
4. **Massage is strictly non-sexual:** Massage sessions are strictly non-sexual. Any suggestive statements or actions will result in immediate termination of the session wherein the client pays the full cost of the session. Law enforcement will be notified if deemed appropriate.
5. **If I cancel your appointment:** If I need to cancel your appointment for any reason within 24 hours of the scheduled time, you will receive discounted rates at your next appointment. I hope I never have to cancel, but emergencies and illness can happen.
6. **Times when massage isn't beneficial:** If a client presents with signs and/or symptoms of illness that contraindicate massage (fever, undiagnosed rash, contagious infection), the session will be re-scheduled. This is to protect the health of both the client and the therapist. Again, please allow for as much notice as possible when canceling.
7. **Health Intake form:** To ensure safe, customized sessions, the client must fill out a health intake form before treatment. It is the client's responsibility to relay all health information so the therapist can modify the treatment plan where necessary.
8. **Confidentiality:** The client's records and sessions will be kept confidential and will not be shared with anyone without the client's written consent.
9. **I'm not a doctor! :** Massage serves as a therapeutic tool to enhance well-being. Massage is not a substitute for medical treatment. Massage therapists are not qualified to diagnose conditions, prescribe treatment or perform spinal/skeletal manipulations. Any information imparted by the therapist in the course of treatment should not be construed as such.

I, \_\_\_\_\_ (print name) understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. Draping will be used during the session – only the area being worked on will be uncovered. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage 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 that I am aware of. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

Signature	Date
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# Massage Cupping Informed Consent

Have you ever had a cupping treatment before? →	Please Circle    Yes    No
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## During Treatment

If you've had cupping before what was your experience like? For example, did you like it? Or find it beneficial? →	
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Would you like to possibly include it in your future sessions? If yes, please circle yes and initial that you have read the below information sheet on cupping and are aware of the benefits as well as the contraindications and risks/side effects.	Please Circle    Yes    No  <b>Initial</b> _____
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### What is Cupping?

Cupping is the use of various cupping instruments to apply suction to the body tissues, which creates stretching while stimulating blood and lymph circulation to the underlying musculature, tissues and fascia.

- Cupping draws out old blood and lymph from areas of injury and stagnation.
- It causes vasodilation which allows new fresh blood and circulation into the area to encourage tissue repair and healing.
- Cupping may benefit many systems in the body including: blood, lymph, myofascial, nervous system and more.

### Contraindications:

Do you have any of the following?

- Pacemaker
- Have/Had any form of an aneurism/stroke
- Thrombosis
- Blood Clots/ or are currently taking any blood thinners
- Any bleed disorders such as hemophilia
- Lymphedema
- Diabetes

**Please note:** Cupping should also be avoided if the area has been injured within 24 hours. If the area is sunburned/frail/ulcered etc., or over an inflamed organ or if the client is pregnant.

Comments (if any):

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### Side Effects:

Post Tenderness, redness or itching, cupping marks.

- Cupping marks are not bruises. Bruises appear when the body experiences some kind of blunt injury or trauma. The impact can break the blood capillaries present under the skin, which is why you see the redness. The body responds to the injuries with a rush of healing fluids to the area that also contribute to the bruising or redness. When the proteins at the injury site begin to coagulate, blood circulation reduces and the patient feels pain.
- Cupping marks are caused by suction from the cupping set instead of the pressure in the case of trauma, and works to bring toxins to the surface. The most important differentiating factor is the cupping marks do not cause pain and if there is any discomfort, it is minimal and goes away quickly. Cupping marks usually dissipate within a few days but can last up to 6 weeks depending on the level of stagnation.

Signature	Date
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