



12500 W. 58th Ave., Unit 102, Arvada, CO 80002

Client Intake Form—Massage Therapy

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Alt Phone: _____

Email: _____ Occupation: _____

Birthday: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

The following information will be used to help your massage therapist plan a safe and effective massage session. Please answer the questions to the best of your knowledge.

Have you had a professional massage before? Y / N If so, when was your last treatment? _____

Is there a specific area of the body where you are experiencing tension, stiffness, pain, or discomfort?

If you are dealing with any chronic pain, illness, or disability, please describe:

Are you currently taking any medication (including self-prescribed)? If so, please explain:

Are you wearing contact lenses dentures a hearing aid prosthetics?

Do you perform any repetitive movement in your work, sports, or hobbies? _____

Do you have sensitive skin? Y / N

Are you pregnant? Y / N If so, how many months? _____

Do you exercise regularly? Y / N If so, what activities and how often?

Do you currently have or have you ever had any of the following: (please check)

- | | | |
|--|---|--|
| <input type="checkbox"/> heart condition | <input type="checkbox"/> migraines | <input type="checkbox"/> recent surgery |
| <input type="checkbox"/> cancer | <input type="checkbox"/> TMJ | <input type="checkbox"/> allergies/sensitivity |
| <input type="checkbox"/> fibromyalgia | <input type="checkbox"/> epilepsy | <input type="checkbox"/> artificial joint |
| <input type="checkbox"/> skin condition/rash | <input type="checkbox"/> carpal tunnel syndrome | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> open sores/wounds | <input type="checkbox"/> osteoporosis | <input type="checkbox"/> easy bruising |
| <input type="checkbox"/> back/neck problems | <input type="checkbox"/> varicose veins | <input type="checkbox"/> thyroid conditions |

Please describe if any checked above: _____

Do you have any particular goals in mind for this session?

Is there anything else about your health history that you think would be helpful for your massage therapist to know in order to plan a safe and effective massage for you?

I understand that the massage I receive is provided for the basic purpose of relaxation, relief of muscular tension, and overall well being. If I experience any pain or discomfort during my session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to the level of my comfort. I further understand that massage therapy 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 given 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. I assume full responsibility for receipt of massage therapy; I release and discharge the practitioner from any and all claims, liability, damages, actions or causes of actions arising from therapy received. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. I understand that this consent form and waiver of liability will apply to my current and future therapy sessions with therapists at Damselfly Yoga LLC dba Damselfly YogaSpa. I consent to receive massage and bodywork from therapists at Damselfly YogaSpa.

Client printed name _____ Date _____

Client Signature _____