

Client Massage Intake Form

Name: _____ Phone#: _____ Phone#2: _____

Date of Birth: _____ Email: _____ Circle one: Male / Female / Pregnant

Address: _____ (City) _____ (State) _____ (Zip)

Emergency Contact: (Name) _____ (Phone#) _____ (Relationship) _____

Occupation: _____ Employer: _____

How did you hear about Boulder Bodyworker? _____

Have you had therapeutic massage before? Yes / No

Are you currently under the care of a physician or chiropractor? _____

Please list any injuries and/or surgeries: _____

Please list any allergies/sensitivities: _____

Please list all medications you are currently using: _____

Do you use any topical hormonal cream? Circle one: estrogen/progesterone/testosterone/other

Please check all that apply:

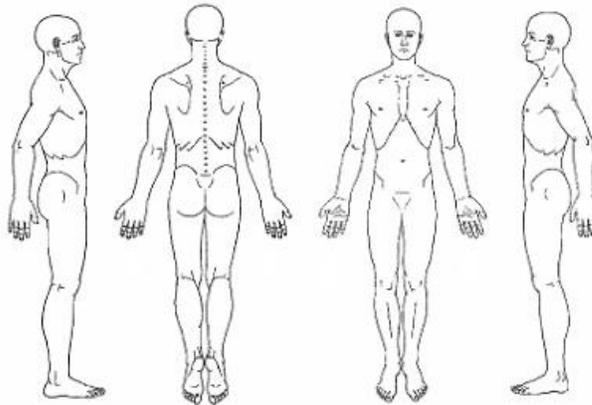
- | | | | |
|---|------------------------------------|---|--|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Neck pain | <input type="checkbox"/> Back pain | <input type="checkbox"/> Leg/Knee pain |
| <input type="checkbox"/> Jaw clenching/grinding | <input type="checkbox"/> Seizures | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Bruise easily |
| <input type="checkbox"/> Varicose veins | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Numbness/tingling: if so, where? _____ | |

What is your exercise/training schedule? _____

Any training group affiliations? _____

List any current issues/conditions/goals you would like addressed today: _____

Please mark areas of pain, tension, or discomfort on the diagram:



Please note our **cancellation policy**: We reserve the right to charge full price for any missed appointment or appointment cancelled within 24 hours of the scheduled time. We strive to create and maintain a professional and respectful environment. In turn, we appreciate your business and respect.

I am here to receive **therapeutic massage**. I understand that the Licensed Massage Therapist (LMT) will be providing therapeutic massage in accordance with the laws of the State of Colorado. I agree to hold harmless and indemnify this massage establishment and LMTs against any and all liability arising from the application of massage therapy. I declare that I have provided the LMT with all relevant information necessary for the proper application of massage, and I give my permission for such therapy. A LMT shall not engage in breast massage of female clients without separate written consent of the client. Modest draping will be used during the session. If uncomfortable for any reason, the client may ask the LMT to cease the massage and the LMT will end the massage session. Please be aware that deep tissue therapeutic massage can sometimes cause tenderness 24 to 48 hours after the treatment. This is a normal reaction and may be lessened by drinking extra water. By providing your signature at the bottom of this page, you acknowledge that you understand and agree to the above statements regarding our cancellation policy and terms of therapeutic massage.

Signature: _____ **Date:** _____