

Damselfly Massage Client Intake Form

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

DOB: _____ Age: _____ Preferred Gender Pronoun: _____

Occupation: _____

Emergency Contact: _____ Phone: _____

How did you find us? Google Yelp Referral Facebook Other: _____

Work Activity: Sitting Standing Light Labor Heavy Labor

What Medications are you currently taking? _____

Previous complaints/surgeries/medications? _____

What is your Major Complaint? _____

Have you seen a massage therapist before? _____

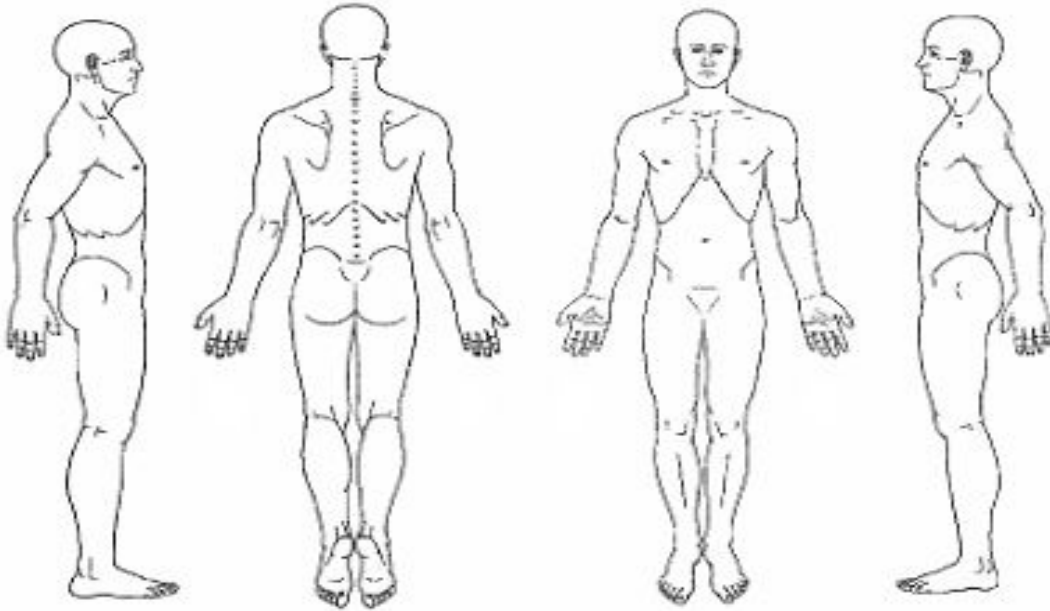
Goals for massage today? Relaxation Rehabilitation Maintenance

What kind of pressure do you prefer? Light/Meditative Moderate/Medium
 Deep

Have you had any of the following? (check all that apply)

- Aids/HIV Depression Hernia
- Pins/Pacemaker
- Arthritis Diabetes Herniated Disk Poison Ivy
- Asthma Dizziness High Blood Pressure Pregnancy
- Bleeding Disorders Epilepsy Fibromyalgia Scoliosis
- Cancer Headache/Migraine Irritated Skin Rash Severe Pain
- Current Cold or Flu Heart Disease Low Blood Pressure TMJ/ Jaw Pain
- Cuts, Burns, Bruises Hepatitis Osteoporosis Varicose Veins
- Other _____

Mark places on the body where you are experiencing discomfort:



Consent for Treatment

If I experience any pain or discomfort during this 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/bodywork practitioners 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/bodywork 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 practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. 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. Understanding all of this, I give my consent to receive care.

Client Signature: _____

Date: _____

Parent or Guardian Signature (in case of a minor): _____

Date: _____

Office policies

Please be advised of the policies for this office. Your signature below signifies acceptance of these policies.

Cancellation: A 24-hour notice is required for cancellation of an appointment, or you will be charged in full for the appointment. Payment is due before your next appointment.

Tardiness: Appointment times are as scheduled and cannot extend beyond the stated time to accommodate late arrivals. Please be on time to your appointment.

Sickness: Massage/bodywork is not appropriate care for infectious or contagious illness. Please cancel your appointment as soon as you are aware of an infectious or contagious condition. If it is within the 24-hour notice period, the cancellation fee may be waived.

Client Signature: _____

Date: _____