

KNOT AWAY THERAPY - CONFIDENTIAL CLIENT INTAKE FORM

PERSONAL INFORMATION

Name: _____
 Address: _____ City: _____ State/Zip: _____
 Phone* #: _____ Cell/Home _____ Birthday*: ____/____/____
 Email address*: _____ (*Appointment Reminders and Special Offers*)
 How did you hear about us: _____ Emergency Contact (Name & Number): _____
 Occupation: _____ (This info helps me understand what stresses your body endures)

MESSAGE INFORMATION

- Y N** 1. Have you ever had a professional massage? If yes, which type & how recently?

- Y N** 2. Are you pregnant? If yes, how far along are you?

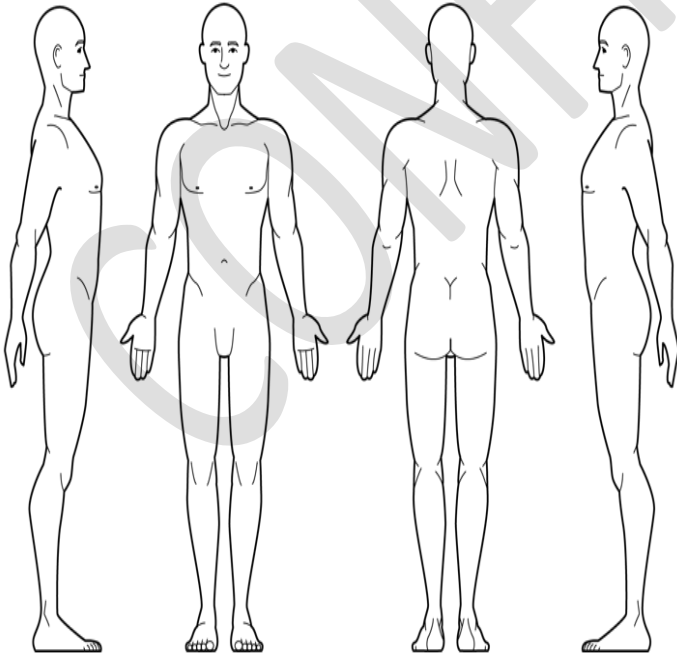
- Y N** 3. Are you sensitive to touch/pressure in any area? (Ticklish?)

- Y N** 4. Are you allergic or sensitive to any scents (essential oils, nut oils, fragrances, perfumes)?

If yes, please list: _____

- | | |
|--|--|
| <p>5. Are you comfortable with the following areas being massaged?</p> <p>Y N Face Area</p> <p>Y N Jaw Area</p> <p>Y N Scalp</p> <p>Y N Pectorals Muscles</p> <p>Y N Gluteal Muscles</p> <p>Y N Feet</p> | <p>6. Are you currently experiencing the following? If yes, please explain:</p> <p>Y N Pain, Tenderness _____</p> <p>Y N Stiffness _____</p> <p>Y N Numbness _____</p> <p>7. What kind of pressure do you prefer?
 Light Medium Firm Deep</p> <p>8. What type of massage(s) are you seeking today?
 Swedish Relaxation Therapeutic
 Trigger Point Stretching Other _____</p> |
|--|--|

Please use the body diagram to indicate any areas you would like the massage therapist to concentrate on



9. What are your common areas of pain or tension?

List all injuries, illnesses and health concerns you have NOW or have in the PAST that would be important for your session.
 (Examples: arthritis, head injury, car accident, diabetes, fibromyalgia, cancer, pregnancy, spinal disc; bulging, herniated, pinched nerve):

10. What are your goals for your massage today?
 Relaxation Injury Rehabilitation Maintenance Massage

Please explain:

TURN OVER & SIGN →

DISCLAIMER: THIS PLACE OF BUSINESS WILL NOT BE HELD LIABLE FOR ANY INJURY OR CONDITION THAT ARISES FROM APPLICATION OF MASSAGE DESPITE COMPLETION OF THIS FORM.

DRAPING WILL BE USED DURING THIS SESSION AND ALL SESSIONS. ONLY THE BODY AREA BEING WORKED ON WILL BE UNCOVERED. PECTORAL AND GLUTEAL MUSCLES WILL BE MASSAGED WITH BOTH VERBAL AND WRITTEN CONSENT FROM CLIENT.

GENITALIA OR BREAST TISSUE FROM EITHER MALE OR FEMALE WILL NOT BE MASSAGED* *ANY SEXUAL ADVANCES MADE BY THE CLIENT BEFORE OR DURING THE SESSION WILL RESULT IN IMMEDIATE TERMINATION OF THE SESSION AND WILL BE CHARGED 100% OF SERVICE CHARGE

CLIENTS UNDER THE AGE OF 18 MUST HAVE A PARENT OR LEGAL GUARDIAN PRESENT TO PROVIDE A SIGNATURE FOR AUTHORIZATION FOR THE THERAPEUTIC MASSAGE SESSION AND MUST BE PRESENT IN THE BUILDING DURING THE SESSION.

CANCELLATION POLICY: BY SIGNING THIS INTAKE FORM YOU AGREE THAT IF YOU NEED TO CANCEL OR RESCHEDULE AN APPOINTMENT, YOU WILL HAVE 24 HOURS OR UNTIL THE CLOSE OF BUSINESS THE DAY BEFORE YOUR APPOINTMENT.

→*THERE WILL BE A 50% SERVICE CHARGE FOR NO-CALL NO-SHOW*←

Please read the following information and sign below:

1. I have stated all conditions that I am aware of and this information I provided is true and accurate tot the best of my knowledge. I agree to inform my massage therapist immediately of any change in the conditions stated above.
2. I acknowledge that this information is confidential and intended for review by the massage therapist; that a medical referral may be requested of me; and that **Knot Away Therapy** is not liable for the management of any condition. I understand that although massage therapy can be very therapeutic, relaxing and reduce muscular tension, it is not a substitute for medical examination, diagnosis or treatment.
3. If uncomfortable for any reason, I as the client may end the session. I will be charged 50% of session price or the full amount of the session price (conditional on the balance of time allotted in the session, whichever is greater.)

Client Signature (Parent/Guardian if minor): _____ Date: _____

MASSAGE THERAPIST USE BELOW

Date: _____ Time: _____ 30 45 60 90 120

SUBJECTIVE: _____

OBJECTIVE: _____

ASSESSMENT: _____

PLAN: _____

- Legend**
- ★ Inflammation
 - ↻ or ↺ Rotation
 - ↔ Long
 - Tender Point
 - ✘ Trigger Point
 - ↑ Elevation

