No Worries
Massage & Bodywork

Client Intake Form

Name:_____ Date of Birth _____

Address: _____ City/State:_____ Zip:_____

Phone number: _____ email:_____

Occupation: _____ Physical Activity: _____

Preferred method of contact (circle one). Text   Phone call   email   FBmessage

I may want to contact you after a massage to see how you feel is that ok? Yes/No

Emergency contact (name/phone#) _____

When was your last massage?   This is my first/less than 1 year/more than a year

Are you sensitive to touch/pressure in any area? Yes/NO Where? _____

Any areas I should avoid due to rash, open sores, skin issues or painful to the touch? Yes/NO
Where? _____

Any recent accidents, injuries, surgeries, or current illness/conditions? Yes/NO

List _____

Do you have any pain? Yes/No   Where is this pain? _____

How long have you had it? _____ What type? Sharp/dull/throbbing

If known what caused this pain? _____

Are you taking medications such as pain killers, blood thinners? Yes/No

Are you under 18 years of age?   Yes/no

Over =>

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Client Waiver

Please take a moment to read the following statements:

- If I experience pain or discomfort during the session, I will immediately inform my therapist so that adjustments can be made to make me more comfortable. This includes but is not limited to position or pressure.

- I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat physical or mental illness.

- I affirm that I have notified my therapist of all known medical conditions and injuries.

- I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so.

- By signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to massage therapy and bodywork.

- Feel free to ask your therapist any questions before, during, or after the session.

I have received the policy statement, and have read and agree to the policies therein.

Client signature/Parent signature if a minor_____
Date _____