Massage Client Intake Form

Each massage therapists keeps the information you provide on this form confidential. For this reason, if you see more than one therapist, you will be asked to fill out this form again. Thank you for understanding, and apologies for any inconvenience.

Name_____ Date of Birth_____

Phone_____ Email_____

Address_____

City_____ State_____ Zip_____

Pronoun Preference _____ Occupation _____

Emergency Contact _____ Emergency Contact Phone _____

Please read and initial:

_____ I understand that I am an active participant during massage therapy sessions, my preferences and comfort matter, and any suggestion from my therapist may be adjusted or modified based on what I feel is right for me.

_____ I will let my therapist know if pressure can be adjusted to match my preference and comfort level. If anything during the session doesn't resonate with me, I will let my therapist know right away.

Please tell us about you:

The following info is used to tailor your session to your specific needs, making it as safe, effective, and therapeutic as possible.

I am here today because _____

_____

From our session together, I hope to _____

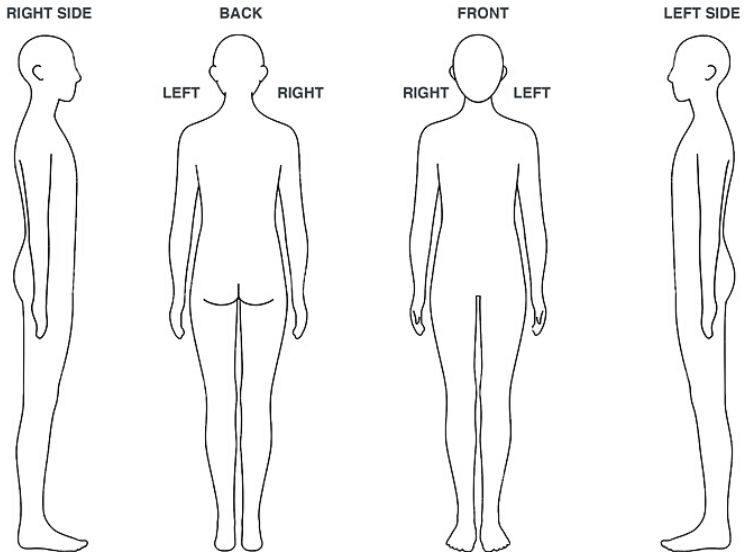
_____

Are you experiencing tension, stiffness, pain, reduced range of motion, or other discomfort? Yes No

If yes, please describe _____

If yes, are your symptoms new or a flare-up of a chronic condition? _____

Circle areas you would like your massage therapist to focus on.



Have you had a professional massage before? Yes No

If yes, how often do you receive massage therapy? _____

Do you have difficulty lying on your back, front, or side? Yes No

If yes, please describe _____

Do you have sensitive skin or any allergies or sensitivities to oils, lotions, or scents? Yes No

If yes, please describe _____

Do you sit for long hours at a workstation, computer, or in a vehicle or perform repetitive movements in your work, sports, or hobbies? Yes No

If yes, please describe _____

Are you currently under medical supervision? Yes No

If yes, please describe _____

Are you pregnant? Yes No

If yes, how many weeks ? _____

Have you had any recent injuries or surgeries? Past traumatic experiences influencing you now? Yes No

If yes, please describe _____

How would you describe your health? Excellent Good Fair Poor

Do you have any questions or concerns about your session today? Yes No

If yes, please describe _____

Are you interested in pursuing a massage therapy treatment plan? Yes Not at this time

If yes, what are your long-term goals? _____

Please check all that apply to you:

□ Contagious skin disorder	□ Recent surgery	□ Heart condition
□ Open wounds or sores	□ Artificial joints, plates, hardware	□ High or low blood pressure
□ Easily bruised	□ Sprains or strains	□ Pelvic floor disorder or concern
□ Recent accident or injury	□ Swollen glands	□ Varicose veins
□ Vascular/artery disease or thrombosis	□ Blood clotting disorders	□ Joint disorder
□ Rheumatoid arthritis or osteoarthritis	□ Tendonitis or bursitis	□ Osteoporosis or osteopenia
□ Epilepsy or seizures	□ Headaches or migraines	□ Cancer, chemotherapy, or radiation
□ Diabetes	□ Anxiety or depression	□ Fibromyalgia
□ TMJ	□ Carpal tunnel syndrome	□ Tennis elbow or golf elbow
□ Vertigo, fainting, or dizziness	□ Sinus congestion	□ Digestive concerns or constipation
□ Lymphedema or pitting edema	□ Respiratory issues or asthma	□ Athlete's foot
□ IUD	□ Infectious disease	□ Gynecological concerns
□ Acute inflammation	□ Poor circulation	□ Neuropathy
□ Breastfeeding, infection, or mastitis	□ Chronic fatigue syndrome	□ Numbness, tingling, or decreased sensation

Customize Your Session

Select any services that you'd like to receive. Services vary by service provider and location. Prices do not include tax.

- □ cupping therapy, $20
- □ ear candling, $40
  - □ add a second set of ear candles, $20
- □ essential oils added to package massage, $40
- □ hot stones added to package massage, $25-40
- □ CBD application - one area, $15
- □ CBD application - full body, $25
- □ 10-min reiki, $10
- □ 15-min infrared sauna pre/post-service, $10
- □ 15-min salt therapy pre/post-service, $10

Is there anything else you'd like your therapist to know to make your session as comfortable, safe, effective, enjoyable, and therapeutic as possible?

_____

_____

_____

_____

I, _____ (print name) understand that the massage services I receive at Green Lotus are for the basic purpose of relaxation and relief of muscular tension. If I experience any pain and/or discomfort during massage sessions, I will immediately inform the therapist so that the pressure or massage techniques may be adjusted to my level of comfort. I further understand that massage 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 physical or mental 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 should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all known medical conditions and answered all questions honestly. I agree to keep the therapist updated regarding any changes in my medical profile and I understand that there shall be no liability on the therapist's part should I fail to do so. It is my choice to receive massage therapy. I am aware of the benefits and risks of massage and consent to receive massage. I understand that there is no implied or stated guarantee of success or effectiveness of individual techniques. I understand that my health care records, communications, and transactions with the practitioner shall be kept confidential, unless I authorize the release of records in writing. Clients under the age of 18 must be accompanied by a parent or guardian and informed written consent must be provided.

Signature of Client _____ Date _____

Signature of Parent or Guardian (for Clients under 18) _____