

In Perfect Peace Massage, LLC

Massage and Bodywork Intake Form

Client Information

Name _____ Date _____
Street _____ Day Phone () _____
City _____ State _____ Zip _____ Eve Phone () _____
Occupation _____ Date of Birth _____
Emergency Contact Name and Phone _____ () _____
Referred By _____ Email _____

Massage History / Session Information

Have you ever received a professional massage? Yes No Date of last massage _____

What result do you want from your massage sessions? _____

List any exercise activities. Include frequency: _____

Are you currently under the care of a health care practitioner? Yes No

If yes, specify purpose: _____

List current medications and purpose: _____

Previous History (Include year and treatment received)

Injuries/accidents/illnesses still affecting you: _____

Surgeries: _____

Please mark any of the following that you now have or have had.

Musculoskeletal

- Bone or joint disease
- Tendonitis / Bursitis
- Arthritis / Gout
- Jaw pain (TMJ)
- Lupus
- Spinal Problems
- Other : _____

Circulatory

- Heart Condition
- Phlebitis / Varicose Veins
- Blood Clots
- High / Low Blood Pressure
- Lymphedema
- Thrombosis / Embolism
- Other : _____

Please mark any of the following that you now have or have had. (Continued)

Respiratory

- Breathing difficulty / Asthma
- Emphysema
- Allergies specify: _____
- Sinus Problems
- Other : _____

Nervous System

- Shingles
- Numbness / tingling
- Pinched Nerve
- Other : _____

Reproductive

- Pregnant: Stage
- Ovarian / menstrual problems
- Prostate
- Other : _____

Additional Client Remarks / Comments:

Skin

- Allergies specify: _____
- Rashes
- Athletes foot
- Herpes / cold sores
- Other : _____

Digestive

- Irritable bowel syndrome
- Ulcers
- Other : _____

Other

- Cancer / tumors
- Bladder / kidney ailment
- Diabetes
- Drug / alcohol / caffeine / tobacco use
- Chronic fatigue
- Chronic pain
- Sleep disorders
- Migraines / headaches
- Anxiety / stress syndrome
- Depression
- Contact lenses (hard or soft)

I have completed this form to the best of my knowledge and will inform the massage therapist of any change in my physical health.
I understand that a massage therapist cannot diagnose illness, disease, or any other medical, physical, or emotional disorder, nor perform any spinal manipulations.
I am responsible for consulting a qualified physician for any physical ailments that I have.
I understand that massage therapy is a therapeutic health aid and is non sexual.
I understand that if the massage therapist starts a session late, she will make it up to me at the end of my session if possible or add to a later session.
I understand that if I arrive late, my session will end at the originally scheduled time so the client following me is not penalized.
I agree to give 24 hour notice for a scheduled session that I can not keep.
I am aware that I may be charged the full fee for any missed sessions or for sessions that I do not give 24 hour notice to cancel or reschedule.

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that In Perfect Peace Massage LLC has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I further acknowledge that In Perfect Peace Massage LLC cannot guarantee that I will not become infected with the Coronavirus/COVID-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, immediate in home family members, coworkers and other services of appointments and their families. I voluntarily seek services provided by In Perfect Peace Massage LLC and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19.

I acknowledge that I must comply with all set procedures to reduce the spread while in attendance of my appointment.

Covid Release of Liability _____

Date _____

Signature _____

Date _____