

BRUNSWICK MASSAGE & WELLNESS

New Client Intake Form for Massage Therapy, Reflexology, and Energy Work

Name _____ Today's Date _____

Address _____ City _____ State _____ Zip _____

Phone (home) _____ (work) _____ (cell) _____

Email _____ Date of Birth _____

Emergency Contact _____ Phone # _____

Occupation _____ Referred by _____

Hobbies/Recreation/Stress Reduction activities _____

What brings you in today? _____

Please check all that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Contagious Diseases | <input type="checkbox"/> Numbness/tingling |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Pacemaker |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Pregnancy: Due date _____ |
| <input type="checkbox"/> Blood Clot/Thrombophlebitis | <input type="checkbox"/> Foot Infection/Fungus/Wart | <input type="checkbox"/> Respiratory Disorders |
| <input type="checkbox"/> Bruise Easily | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Skin Conditions |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Cardiac Problems | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Surgical Devices |
| <input type="checkbox"/> Carpal Tunnel | <input type="checkbox"/> Insomnia | <input type="checkbox"/> TMJ |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Joint Pain/Replacement | <input type="checkbox"/> Varicose Veins |
| <input type="checkbox"/> Circulatory Problems | <input type="checkbox"/> Kidney Disorders | |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Osteoporosis | |

Do you have any medical conditions not listed above? _____

Please list any surgeries/accidents/injuries with approximate date: _____

Please list any medications you are taking, including vitamins and supplements: _____

Are there any areas you wish to not receive bodywork, (i.e. ticklish feet)? _____

Additional comments: _____

Please Turn Over for Policies and Signature

Release Form

- I understand therapeutic massage, reflexology, and energy work are intended to enhance relaxation, reduce muscle tension, increase range of motion, improve circulation and offer a positive experience of touch. If I experience discomfort during my session, it is my responsibility to inform the practitioner so pressure or technique being used can be adjusted.
- I understand my bodywork session is not a substitute for a medical examination. I understand the practitioner is not qualified to diagnose illness or disease, prescribe medications, perform spinal manipulations, treat physical or mental illness, and that nothing said in the course of a session should be construed as such.
- Because some conditions contraindicate bodywork, I have informed the practitioner of all my known physical/medical conditions and medications, have answered all intake questions honestly, and agree to keep the practitioner updated on any changes in my medical profile. I understand there will be no liability on the practitioner's part should I forget to do so.
- I understand draping will be used during the session for my privacy.
- I understand all written records and massage sessions are kept confidential, following the HIPPA Standards of Practice.
- I understand 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 full payment of the scheduled appointment.
- I understand the 24-hour notice of cancellation policy. Full session payment is expected for any appointment cancelled or missed without 24-hour notice. I understand that if I am late for my appointment I will have to pay for the full session even if my time is shortened. I understand payment is due at the time service is rendered.
- In consideration of our other clients who may be in session, we ask that you please turn your cell phone off or set to vibrate upon entering our office. If you must take a call, please do so outside.

Signature _____ Date _____

Practitioner Signature _____ Date _____

Consent to Treatment of a Minor:

By my signature below, I hereby authorize _____,
to receive therapeutic bodywork provided by practitioners contracted at Brunswick Massage & Wellness.

Signature of parent or guardian _____ Date _____