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MASSAGE THERAPY CLIENT INTAKE AND CONSENT FORM

Business: [business name]

Massage therapist: [name], License no. [number], State of [State]

Address / phone / email: [contact details]

1. Client Information

Full name: [client's full name]

Date of birth: [date]

Phone: [number] Email: [address]

Address: [street, city, state, ZIP]

Emergency contact: [name], [relationship], [phone]

How did you hear about us? [answer]

2. Reason for Your Visit

What would you like from today's session? ☐ Relaxation ☐ Pain or tension relief ☐ Injury recovery ☐
Sports or training ☐ Other: [describe]

Where do you feel pain or tension, and how long has it been there? [answer]

Pain level right now (0 to 10): [number]

Have you had a professional massage before? ☐ Yes ☐ No

3. Health History

Are you under the care of a doctor or other health provider? ☐ No ☐ Yes: [for what, and provider's name]

Current medications, including blood thinners, pain relievers and muscle relaxants: [list, or "None"]

Allergies or sensitivities (nuts, oils, lotions, fragrances, latex): [list, or "None"]

Surgeries, injuries or fractures in the past 2 years, with dates: [list, or "None"]

Please check any that apply to you now or in the past:

☐ Blood clots or deep vein thrombosis ☐ Varicose veins ☐ High blood pressure ☐ Low blood pressure ☐
☐ Heart condition ☐ Stroke ☐ Diabetes ☐ Cancer or current cancer treatment ☐ Osteoporosis ☐ Joint
replacement ☐ Arthritis ☐ Numbness or tingling ☐ Headaches or migraines ☐ Epilepsy or seizures ☐ Skin

condition, rash or open wound ☐ Fever, cold or contagious illness ☐ Recent bruising ☐ Pregnant: [weeks]
☐ Other: [describe]

Please explain anything you checked: [answer]

4. Your Preferences

Pressure: ☐ Light ☐ Medium ☐ Firm ☐ Ask me during the session

Areas to focus on: [list]

Areas to avoid (you don't need to give a reason): ☐ Face ☐ Scalp ☐ Neck ☐ Abdomen ☐ Glutes ☐ Feet ☐

Other: [list]

☐ Please use unscented or hypoallergenic products.

Music, conversation, room temperature: [preferences]

5. Draping and Your Comfort

You will undress to your level of comfort, in private, and lie under a sheet or towel. Only the area being worked on will be uncovered. The following areas stay covered at all times: [describe, following your state's rules, e.g. "genitals and gluteal cleft for all clients, and breasts for female clients"].

☐ I understand and agree to this draping.

6. Your Right to Stop

You may ask the therapist to change the pressure, skip an area, or stop the session at any time, for any reason, even if you agreed to something earlier. The therapist will respect that right away.

The therapist may also stop or change a session if they believe continuing isn't safe for you.

7. Understanding and Consent

- Massage therapists do not diagnose illness or prescribe medication, and massage is not a substitute for medical care.
- I have told the therapist about my health conditions and medications, and I will tell them about any changes before future sessions.
- If the therapist asks, I will get clearance from my doctor before treatment.
- I consent to receive massage therapy from the therapist named above.

8. Minors

If the client is under 18: I am the parent or legal guardian of the client, I consent to this treatment, and I ☐ will ☐ will not be present in the room during the session.

Parent or guardian phone: [number]. The parent or guardian also signs below.

9. Policies

Cancellations: please give at least [number] hours' notice. Late cancellations or missed appointments may be charged [\$ amount or percentage].

Late arrivals: sessions end on time so the next client isn't delayed.

10. Session Notes (therapist use)

Date: [date] Type of service: [service] Length: [minutes]

Notes and outcome: [notes]

11. Electronic Signatures

The client and therapist agree this form may be signed electronically, and an electronic signature has the same effect as a handwritten one.

Signatures

Client

Signature: _____

Name: [full name]

Date: [date]

Massage Therapist

Signature: _____

Name: [full name]

Date: [date]

Parent or Guardian (if client is a minor)

Signature: _____

Name: [full name]

Date: [date]