

Client Intake Forms



Client Contact Information

BLUEBIRD STUDIO
WOMEN'S MASSAGE CLINIC

Client Name: _____ Date: _____

Date of Birth: _____ Gender: _____

Address: _____

Phone: _____

Email: _____

Referred by: _____

Emergency contact: _____

Phone: _____

Physician/Health-care Provider name: _____

Phone: _____

Is this massage/bodywork medically necessary (is it for a medical condition, injury, surgery)?

Yes No

Do you have a physician referral/prescription? Yes No

Have you ever received professional massage/bodywork before? Yes No

How recently? _____

What types of massage/bodywork do you prefer?

What kind of pressure do you prefer? Light - Medium - Firm

Have you had any injuries or surgeries in the past that may influence today's treatment?

Circle any of the following health conditions that you currently have (If you are unsure, please ask): blood clots, infections, congestive heart failure, contagious diseases, pitted edema
Please answer honestly, as massage may not be indicated for the above conditions.

Please indicate conditions that you have or have had in the past. Explain in detail, including treatment received:

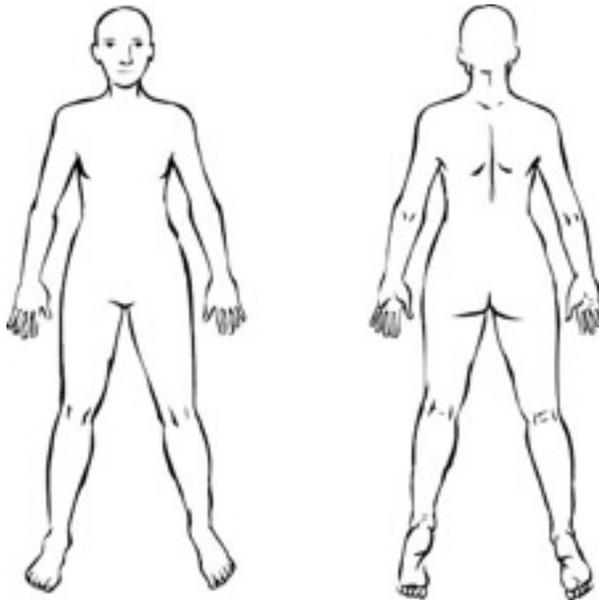
Consent for Treatment: If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners 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 given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that 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 payment of the scheduled appointment. Understanding all of this, I give my consent to receive care.

Please be advised of the policies for this office: Your signature below signifies acceptance of these policies. Cancellation - A 24-hour notice is required for cancellation of an appointment, or you will be charged in full for the appointment. Payment is due before your next appointment. Tardiness - Appointment times are as scheduled and cannot extend beyond the stated time to accommodate late arrivals. Please be on time to your appointment. Sickness - Massage/bodywork is not appropriate care for infectious or contagious illness. Please cancel your appointment as soon as you are aware of an infectious or contagious condition. If it is within the 24-hour notice period, the cancellation fee may be waived.

Signature: _____
Parent or Guardian Signature (in case of a minor): _____

Depict how you are feeling today by drawing a circle on the figures representing the size and shape of the following symptoms. Place the letter representing the symptoms in or near the circle:

P = Pain, ache, or tenderness
S = Stiffness in the joint or muscle



Rate how you are feeling today by drawing a circle around the number that best represents how you are doing today:

No pain 0 1 2 3 4 5 6 7 8 9 10 Worst pain imaginable

Able to do everything 0 1 2 3 4 5 6 7 8 9 10 Not able to do anything

Comments

Is there anything else I should know about how you are feeling today or about your progress or care to date?