The Massage Studio

****New York State law requires that we have a signed medical consent form from every client.**

Client Medical Intake Form

Date_____

Name (First, Last) _____

Gender: _____M _____F Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone_____

Preferred Method of contact? (**Circle all that apply**) Phone Call Email Text

Email: _____

Have you received professional massage before? If yes, how long ago? _____

What type of work do you do? _____

Emergency Contact Name _____Phone _____

How did you hear about us? (Google, Yelp, Facebook, Friend, Mind Body, etc.) _____

What, if any, areas would you like focused on? _____

List major injuries/surgeries, and dates_____

List any allergies and/or medications_____

Medical History and Information **Check any or all that apply to your present health:**

____ headaches/migraines	____chronic pain	____varicose veins
____ vision problems	____muscle or joint pain	____blood clots
____ sinus problems	____numbness/tingling	____high/low blood pressure
____ jaw pain/teeth grinding	____recent sprains/strains	____diabetes
____ heart condition/attack	____scoliosis	____cancer/tumors
____ depression/anxiety	____arthritis	____infectious disease
____ sleep difficulties	____tendonitis	____skin problems or allergies

Women: ____Pregnant (Weeks_____) ____ Painful menstruation ____ endometriosis

Policies & Informed Consent Form

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PLEASE READ

- Please do not be under the influence of alcohol or drugs, not only because massage can be dangerous to you under these conditions, but it is also illegal for us to work on you.
- Clients must provide a health history and update when necessary.
- If the safety of our therapist is any way compromised, the session will be stopped immediately.

Cancellation/No Show Policy

24 hours notice is required to cancel or reschedule an appointment. Failure to do so, or not showing up at all, will result in the entire amount of the session being billed to you and you will be required to prepay for all future services.

Sick Policy

Illness is unavoidable. If you are ill, please call as you may need to reschedule if you have any of the following symptoms: fever, infection, early stages of a cold, flu, recent surgery, skin rash or anything contagious. Likewise, if we are ill, we will call to reschedule your appointment with another therapist or for another day.

Late Policy

Please call as soon as possible. We do understand that things happen and will do our best to accommodate you if we can. Please understand that your session time is reserved for you until the session end time only. **Arriving late will reduce your time, but will not alter the fee.**

Massage Therapy Informed Consent

I understand that massage therapy provided by The Massage Studio-Buffalo is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation, and offer a positive experience of touch. I understand that massage therapy is not a substitute for medical treatment or medications. I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of massage therapy. I have informed the massage therapist of all my known physical conditions, medical conditions, medications, and I will keep the massage therapist updated on any changes. I understand that there shall be no liability on the practitioner's part due to my forgetting to relay any pertinent information. If I experience any pain or discomfort during the session, I will immediately communicate that to the therapist, so the treatment can be adjusted. I have reviewed the therapist's policies, and I understand them and agree to abide by them. I acknowledge that with any treatment there can be risks, and I assume those risks.

Client Signature _____