



Client Intake Form

Name _____ Phone (____) _____ DOB _____

Address _____ City _____ State _____ Zip _____

E-mail: _____

Referred by: _____ Occupation _____

In case of emergency: _____ Phone (____) _____

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

Have you ever experienced a professional massage or bodywork session? Yes No How recently? _____

What are your massage or bodywork goals? _____

What kind of pressure do you prefer? light medium firm

If you answer "yes" to any of the following questions, please explain as clearly as possible in the comments section.

- | | | | | | |
|-----|----|--|----------------|----|--|
| Yes | No | Do you frequently suffer from stress? | Yes | No | Do you bruise easily? |
| Yes | No | Do you have diabetes? | Yes | No | Any broken bones in the past two years? |
| Yes | No | Do you experience frequent headaches? | Yes | No | Any injuries in the past two years? |
| Yes | No | Are you pregnant? | Yes | No | Do you have tension or soreness in a specific area?
Please specify _____ |
| Yes | No | Do you suffer from arthritis? | | | |
| Yes | No | Are you wearing contact lenses? | | | |
| Yes | No | Are you wearing dentures? | Yes | No | Do you have cardiac or circulatory problems? |
| Yes | No | Do you have high blood pressure? | Yes | No | Do you suffer from back pain? |
| Yes | No | Are you taking high blood pressure medication? | Yes | No | Do you have numbness or stabbing pains? |
| Yes | No | Do you suffer from epilepsy or seizures? | Yes | No | Are you sensitive to touch or pressure in any area? |
| Yes | No | Do you suffer from joint swelling? | Yes | No | Have you ever had surgery? Explain below. |
| Yes | No | Do you have varicose veins? | Yes | No | Other medical condition, or are you taking any
medications I should know about? |
| Yes | No | Do you have any contagious diseases? | | | |
| Yes | No | Do you have osteoporosis? | Comments _____ | | |
| Yes | No | Do you have any allergies? | _____ | | |

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during my 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 or 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 specialist for any mental or physical ailment of which I am aware. I understand that my massage/bodywork practitioner is a licensed massage therapist operating as an independent contractor of Touch of Lavender, LLC and is 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 my session 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 practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part or that of Touch of Lavender, LLC 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.

Client Signature _____ Date _____

Practitioner Signature _____ Date _____

Consent to Treatment of Minor: By my signature below I hereby authorize _____ to administer massage, bodywork, or somatic therapy techniques to my child or dependant as they deem necessary.

Signature of Parent or Guardian _____ Date _____

Printed Name of Parent or Guardian _____