

Golds Massage Intake Form

Personal Information

Name _____ Phone (day) _____ (evening) _____

Address _____ City/State/Zip _____ DOB _____

Occupation _____ Email _____

How did you hear about us? _____

Medical Information

Are you taking any medications? yes no

If yes, please list name and use: _____

Are you currently pregnant? yes no

If yes, how far along? _____

Any high risk factors? _____

Do you suffer from chronic pain? yes no

If yes, please explain _____

What makes it better? _____

What makes it worse? _____

Have you had any orthopedic injuries? yes no

If yes, please list: _____

Please indicate any condition you have had in the past or currently have.

- | | |
|--|---|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart Attack |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Dysfunction |
| <input type="checkbox"/> Joint Replacement | <input type="checkbox"/> Blood Clots |
| <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Numbness |
| <input type="checkbox"/> Neuropathy | <input type="checkbox"/> Sprains or Strain |

Massage Information

Have you had a professional massage before? yes no

What type of massage are you seeking?

Relaxation Therapeutic/Deep Tissue

Other _____

What pressure do you prefer?

Light Medium Deep

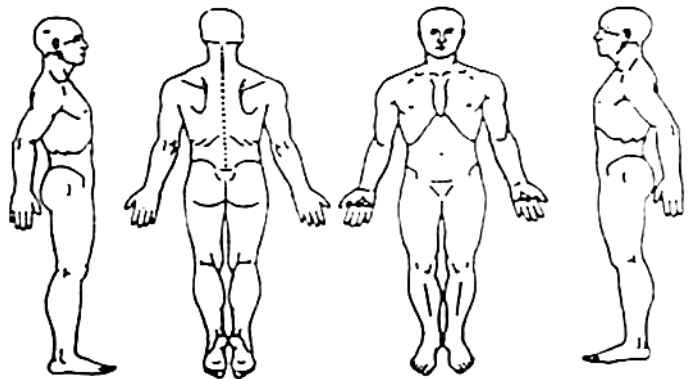
Are you sensitive to any fragrances? yes no

Are there any areas (feet, face, abdomen, etc.) you do not want massaged? yes no

Please explain _____

What are your goals for this treatment session?

Please circle any areas of discomfort



*By signing below you agree to the following.
I have completed this form to the best of my ability and
knowledge and agree to inform my therapist if any of the
above information changes at any time.*

Client Signature _____ Date _____

Golds Massage Consent Form

Thank you for the information. It is necessary that we have this information in order to determine if there are any contraindications to your massage therapy session. If your therapist feels that there is a chance that the therapy would aggravate any condition you may have, they may ask you to see a physician before you receive massage therapy. The information also helps your therapist determine the best massage treatment for you. Your therapist will ask you questions concerning your answers, condition and needs for your session.

In signing this form, I the undersigned acknowledge that, to the best of my knowledge, I have given all known information concerning any medical conditions and agree to notify my therapist in the event that my conditions change.

Massage therapy is a treatment that may benefit each individual in different ways. We make no claims that massage therapy or any other treatment or product sold at this facility is to be substituted for medical advice or intervention of a physician. We make no claims to the effectiveness of massage therapy for the treatment of any medical condition.

In signing this form, I the undersigned acknowledge that massage therapy is not considered a cure, diagnosis, or prevention of any medical condition.

Massage therapy is non-sexual. Therapists in this facility do not interact sexually in any way with clients. Clients who make sexually suggestive remarks or make sexual advances toward the therapist during the session will have the session terminated immediately with payment for the full session due.

I the undersigned understand and acknowledge the non-sexual nature of massage therapy and that any sexual advances or suggestive remarks by me will cause the session to be terminated and I will be required to pay the full charge for the session. Furthermore, I understand that I will no longer be accepted in this clinic/facility.

There is a 24-hour cancellation policy for massage appointments to avoid full charge of booked sessions. If for any reason, you need to change or cancel your appointment it is necessary to contact the therapist with a minimum of 24-hours notice. Please also note the therapist can not be held responsible if you are held up on your way to the appointment and your session starts behind schedule. Arriving late will result in a shortened session.

I the undersigned understand and acknowledge that I am responsible for the appointment time set aside for me and will either pay for the session or give adequate notice of cancellation to avoid full charge for the booked session.

Client Signature _____ ***Date*** _____