

## Massage Therapy Intake Form

NAME: \_\_\_\_\_

PRONOUNS (EX. SHE/HER, THEY/THEM): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT:

\_\_\_\_\_

RELATIONSHIP TO CLIENT: \_\_\_\_\_

EMERGENCY CONTACT PHONE: \_\_\_\_\_

HAVE YOU HAD A PROFESSIONAL MASSAGE BEFORE?

YES

NO

IF YES, WHEN WAS YOUR LAST MASSAGE? \_\_\_\_\_

CHECK ALL OF THE FOLLOWING YOU ARE EXPERIENCING:

- TENSION/STIFFNESS
- PAIN/DISCOMFORT
- STRESS
- FATIGUE
- HEADACHES
- NUMBNESS/TINGLING
- INSOMNIA
- INFLAMMATION
- MUSCLE SPASM
- INJURY
- RECENT SURGERY

ON AN AVERAGE DAY, DO YOU SIT FOR LONG HOURS, ON YOUR FEET ALL DAY, OR USUALLY PHYSICALLY ACTIVE/ATHLETIC?

\_\_\_\_\_

DO YOU HAVE ANY ALLERGIES, INCLUDING TO ANY OILS, LOTIONS OR OINTMENTS?

YES

NO

IF YES, PLEASE LIST:

\_\_\_\_\_

\_\_\_\_\_

HEALTH HISTORY

- SURGERY OR BONE REPLACEMENT
- BONE OR JOINT DISEASE
- TENDONITIS/BURSITIS
- ARTHRITIS/GOUT
- JAW PAIN/TMJ
- LUPUS
- SPINAL PROBLEMS
- MIGRAINES/HEADACHES
- OSTEOPOROSIS
- HEART CONDITION
- PHLEBITIS/VARICOSE VEINS
- BLOOD CLOTS
- HIGH/LOW BLOOD PRESSURE
- LYMPHEDEMA
- ANEMIA
- THROMBOSIS/EMBOLISM
- SHINGLES
- PINCHED NERVE
- CHRONIC PAIN
- FIBROMYALGIA
- PARALYSIS
- MULTIPLE SCLEROSIS
- PARKINSON'S
- ASTHMA
- EMPHYSEMA
- CYSTIC FIBROSIS
- PSORIASIS
- ATHLETE'S FOOT
- HERPES/COLD SORE
- SKIN ALLERGIES
- CANCER/TUMORS
- DIABETES
- MARFAN SYNDROME
- EHLERS-DANLOS SYNDROME
- AUTO IMMUNE DEFICIENCY SYNDROME
- OTHER

IF OTHER, PLEASE LIST:

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## COVID-19 Health Information

This document contains important information about your decision to receive services in light of the COVID-19 public health crisis. Please read and fill out this form carefully and let me know if you have any questions.

NAME: \_\_\_\_\_

HAVE YOU HAD A FEVER IN THE LAST 24 HOURS OF 100°F OR ABOVE?

YES  
NO

DO YOU HAVE, OR RECENTLY HAD, ANY RESPIRATORY OR FLU SYMPTOMS (INCLUDING FEVER, CHILLS, SORE THROAT, COUGH, MUSCLE ACHES, OR SHORTNESS OF BREATH)?

YES  
NO

HAVE YOU BEEN IN CONTACT WITH ANYONE IN THE LAST 14 DAYS WHO HAS BEEN DIAGNOSED WITH COVID-19 OR HAS CORONAVIRUS-TYPE SYMPTOMS?

YES  
NO

HAVE YOU TRAVELED ANYWHERE OUTSIDE OF THE STATE IN THE LAST TWO WEEKS?

YES  
NO

LOCATION (IF APPLICABLE): \_\_\_\_\_

HAVE YOU HAD A NEW LOSS OF SENSE OF TASTE OR SMELL?

YES  
NO

HAVE YOU TESTED POSITIVE FOR COVID IN THE LAST 10 DAYS?

YES  
NO

## Policies

We appreciate that you've chosen us for your massage and bodywork needs. To provide the best service possible to our clients we have implemented the following policies.

### Cancellation Policy

We respectfully ask that you provide us with a 24-hour notice of any schedule changes or cancellation requests. Please understand that when you cancel or miss your appointment without providing a 24 hour notice we are often unable to fill that appointment time. This means our other clients may miss the chance to receive services they need. We reserve the right to suspend service to any client after two or more consecutive missed appointments or late cancellations.

We understand that emergencies can arise, and illnesses do occur at inopportune times. If you have a fever, a known infection, or have experienced vomiting or diarrhea within 24 hours prior to your appointment time, we request that you cancel your session. Inclement weather may also result in the need for late cancellations. We will do our best to give advance notice if we are closing or need to cancel due to bad weather and we ask you to do the same. Please do not risk your own safety trying to make your appointment. Late cancellation due to emergency, illness, or inclement weather will generally not result in any missed session charges, but this is determined on a case-by-case basis.

### Late Arrival Policy

We request that you allow 5-10 minutes prior to your appointment time to allow time to fill out any required paperwork as well as answer any intake questions your therapist may have. We understand that issues can arise that may cause you to be late for your appointment. However, we ask that you call to inform us if this ever occurs so we can do our best to accommodate you. Appointment times are reserved for each client, so oftentimes we cannot exceed that reserved time without making the next client late. For this reason, arriving after your appointment time may result in loss of time from your massage so that your session ends at the scheduled time. Full service fees will be charged even when sessions are shortened due to late arrival. In return we will do our best to be on time, and if we are unable to do so we will add time to your session to make up for our late arrival or adjust the service charge accordingly.

### Payment Policy

Payment for an appointment is required in full at the time of your appointment, prior to the start of your session. Services are payable via cash, card (via Square), or payment app.

### Privacy Policy

We will not use or disclose your personal or health information to anyone for any reason without client authorization, unless legally mandated.

### Inappropriate Behavior Policy

Massage therapy is for relaxation and therapeutic purposes only. If the therapist finds your behavior to be inappropriate, it can and will result in immediate termination of your session and a refusal of any and all services in the future. You will be charged the full service fee regardless of the length of your session.

The massage therapist reserves the right to dismiss patients for inappropriate conduct, non- or late payment of fees, medical reasons, safety concerns and other as determined by the therapist.

I HAVE READ AND AGREE TO THE TERMS ABOVE:

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SIGNATURE

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DATE

## Informed Consent & Liability Waiver

I understand that I am the decision maker for my health care. To the best of their ability, my practitioner will provide me with information to assist me in making informed choices. This process is often referred to as “informed consent” and involves my understanding and agreement regarding recommended care, and the benefits and risks associated with the provision of health care during a pandemic. Given the current limitations of COVID-19 virus testing, I understand determining who is infected with COVID-19 is exceptionally difficult.

I understand that preventative measures and intensified sanitation protocols intended to reduce the spread of COVID-19 have been implemented. However, because this work involves close physical proximity over an extended period of time in a closed space, there may be an elevated risk of disease transmission, including COVID-19.

I understand the following are possible side effects of this treatment:

- Allergic reaction to cream, lotion or oil.
- Discomfort or soreness after the massage, lasting up to 24 hours
- Headache
- Tiredness or fatigue

I understand the nature of the treatment, and have been informed of the risks and possible consequences involved with this treatment. I understand I will be given an opportunity to ask questions pertaining to the treatments. I understand that no guarantee can be made concerning the results of the treatment.

I verify that all information is true in regard to my health status. I understand that failure to inform my therapist of any recent illness, surgeries or injuries may affect my treatment. I understand that I have an obligation to inform my therapist of any changes in my health.

I waive any liability towards Krystal Cade, CMT that may arise due to any omission or misrepresentation of my health.

I HAVE READ AND AGREE TO THE TERMS ABOVE:

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SIGNATURE

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DATE