

BREEYN MORGART, LMBT #17493
MASSAGE INTAKE FORM

Personal Information

Name _____ Phone _____
Address _____ City/State _____
Occupation _____ DOB _____
Email _____ Best way to contact you _____
Emergency Contact Name/Number _____

Medical Information

Are you taking any medications? If yes, please list.

Are you currently pregnant? Yes/no

Do you suffer from chronic pain? Yes/no

If yes, please explain _____

What makes it better? _____

What makes it worse? _____

Please indicate any of the following that apply to you:

- Cancer
- Fibromyalgia
- Headaches/Migraines/Dizziness
- Arthritis
- Diabetes
- Joint Replacement
- High/Low Blood Pressure
- Heart Disease/Stroke
- Varicose Veins/Circulation Problems
- Numbness/Tingling
- Neck Pain/Whiplash/Back Pain
- Dislocations/Sprains/Strains
- Sciatica
- Allergies
- Breast Augmentation
- Carpel Tunnel

Explanation for any of the above

Massage Information

Have you received a professional massage before? Yes/No

What type of massage are you seeking?

- Relaxation
- Therapeutic/Deep Tissue

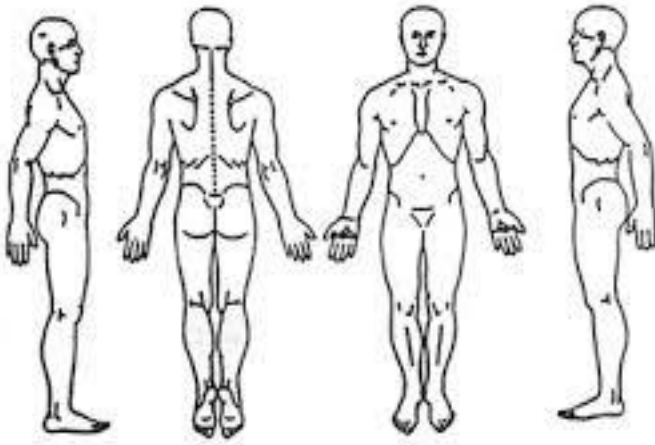
What pressure do you prefer?

- Light
- Medium
- Deep

Are there any areas (feet, face, etc.) that you do not want massaged? Yes/No

If yes, please explain _____

Circle any areas of discomfort:



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 services being rendered. 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 the session, I will immediately inform the therapist 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 ailments that I am aware of. I understand that massage/bodywork practitioner 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 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 forget to do so.

Financial Policy: Payment for massage is due at the time the service is received, unless other specific arrangements are made prior to the session beginning.

Cancellation Policy: The time of your appointment is reserved for you. If you cannot make your appointment, you must call/text with at least 24 hours' notice or you will be billed for the cost of the service. If you are late for your appointment the time will be reduced from your massage.

I understand that I may be responsible for paying for any appointment cancellations of less than 24 hours' notice. If the cancellation policy is violated, this is the credit card I am providing for payment:

ANY MISCONDUCT OR INUENDO WILL RESULT IN THE TERMINATION OF THE MASSAGE WITH ALL FEES DUE.

Signature _____ Date _____

Relationship (if client is a minor) _____