

Client Intake Form



Please Print

Name _____

Address _____ City _____

State _____ Zip _____ Phone: Home _____ Work _____ Cell _____

Would you like to receive text message reminders for your future appointments? Yes No

Date of Birth _____ Occupation _____

Referred by: _____ Email Address _____

Have you had massage therapy/bodywork in the past? Yes No

If yes, how long ago? _____

What is the reason for your visit today? _____

Are you under the care of a physician or other health care practitioner? _____

Are there any areas you want to avoid having treated? _____

Have you had any surgeries? Yes No

If yes, please explain: _____

List any medication you are now taking and what they are used for: _____

Do you have a history of any of the following? (Check all that apply)

- | | | |
|---------------------------|-----------------------------|---------------------------|
| _____ Serious injuries | _____ Contagious conditions | _____ High blood pressure |
| _____ Headaches | _____ Contact lenses | _____ Diabetes |
| _____ Bursitis | _____ Blood clots | _____ Varicose veins |
| _____ Allergies | _____ Pregnant | _____ Heart attack |
| _____ Back pain | _____ Use of alcohol | _____ Stroke |
| _____ Allergy to nut oils | _____ Recent surgery | _____ Lymph Nodes Removed |
| _____ Arthritis | _____ Use of tobacco | |
| _____ Skin infection | _____ Low blood pressure | |

Other _____

I understand that Rachel Scutt will provide the massage treatment I will receive. All massage treatments from Rachel Scutt are for therapeutic purposes only, and completely NON-SEXUAL. All sexual and/or inappropriate behavior will not be tolerated. Your cooperation is expected. The therapist throughout the treatment will maintain full sheet draping. The treatment room is clean and reset after each massage and all equipment is maintained in good working order. The client's privacy will be respected while dressing and undressing. The client may request to modify or terminate the treatment at any time. By signing below I acknowledge that the information above is true to the best of my knowledge and that I may receive a copy of the Privacy Policy.

SIGNATURE _____ **DATE** _____