

## Client Intake Form – Riktr Pro Massage

**Personal Information:** All clients **must** fill this Intake Form out in order to ensure your safety, please take a few minutes to fill out this form.

Date of Initial Visit \_\_\_\_\_

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone (Cell) \_\_\_\_\_

Phone (Home) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_

The following information will be used to help plan safe and effective massage sessions.

**Please answer the questions to the best of your knowledge.**

1. Have you had a professional massage before? Yes  No

If yes, how often do you receive massage therapy?

\_\_\_\_\_

2. What types of massage/bodywork do you prefer? \_\_\_\_\_

3. What kind of pressure do you prefer? Light Medium Firm

4. What are your goals/expected outcomes for receiving massage/bodywork? \_\_\_\_\_

5. Do you have any difficulty lying on your front, back, or side? Yes  No

If yes, please explain

\_\_\_\_\_

6. Do you have any allergies to oils, lotions, or ointments? Yes  No

If yes, please explain

\_\_\_\_\_

7. Do you have sensitive skin? Yes  No

8. Are you wearing contact lenses  dentures  a hearing aid

9. Do you sit for long hours at a workstation, computer, or driving? Yes  No

If yes, please describe

\_\_\_\_\_

10. Do you perform any repetitive movement in your work, sports, or hobby? Yes  No

If yes, please describe

\_\_\_\_\_

11. Do you experience stress in your work, family, or other aspect of your life? Yes  No

If yes, how do you think it has affected your health?

Muscle tension  anxiety  insomnia  irritability  other

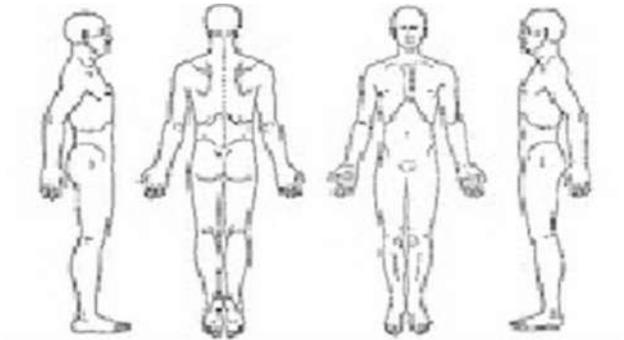
\_\_\_\_\_

12. Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort? Yes ( ) No ( )

If yes, please identify \_\_\_\_\_

13. Do you have any particular goals in mind for this massage session? Yes ( ) No ( )

If yes, please explain \_\_\_\_\_



**Circle any specific areas you would like the massage therapist to concentrate on during the session**

### Medical History

**In order to plan a massage session that is safe and effective, some general information about your medical history is necessary.**

1. Are you currently under medical supervision? Yes ( ) No ( )

If yes, please explain \_\_\_\_\_

2. Do you see a chiropractor? Yes ( ) No ( ) If yes, who and how often? \_\_\_\_\_

3. Are you currently taking any medication? Yes ( ) No ( )

If yes, please list \_\_\_\_\_

4. **Please circle** any conditions listed below that applies to you:

( ) contagious skin condition

( ) phlebitis

( ) open sores or wounds

( ) deep vein thrombosis/blood clots

( ) easy bruising

( ) joint disorder/rheumatoid

arthritis/osteoarthritis/tendonitis

( ) Lupus , Sinus Problems

( ) recent accident of injury

( ) osteoporosis, bone or joint disease, Heart Condition,

Phlebitis/Varicose Veins, Blood Clots, High/Low Blood Pressure, Lymphedema, Thrombosis/Embolism

( ) recent surgery

( ) epilepsy, Ovarian/Menstrual Problems Prostate

( ) artificial joint

( ) headaches/migraines

( ) sprains/strains

( ) cancer

( ) current fever

( ) diabetes, Emphysema, Allergies, specify:

( ) swollen glands

( ) decreased sensation

( ) allergies/ touch sensitivities

( ) back/neck problems

( ) heart condition

( ) Fibromyalgia, TMJ

- high or low blood pressure                       Shingles Numbness/Tingling, Pinched Nerve, Chronic Pain, Paralysis, Multiple Sclerosis, Parkinson's Disease  
 circulatory disorder                                       carpal tunnel syndrome  
 varicose veins     tennis elbow, major injuries, falls, body trauma  
 atherosclerosis     pregnancy if yes, how many months?  
 High blood pressure     surgeries, medical conditions  
 Rashes, Cosmetic Surgery, Athlete's Foot, Herpes/Cold Sores, Irritable Bowel Syndrome, Bladder/Kidney Ailment, Colitis, Crohn's Disease, Ulcers, Anxiety/Stress Syndrome, Depression, Drug/Alcohol/Tobacco Use, Contact Lenses, Dentures, Hearing Aids, Hernia, Sunburn, Cold or Flu, Skin Conditions, Asthma

**Please explain any condition that you have marked above:** \_\_\_\_\_

\_\_\_\_\_

5. Is there anything else about your health history that you think would be useful for your massage practitioner to know to plan a safe and effective massage session for you?

\_\_\_\_\_

**Draping** will be used during the session – only the area being worked on will be uncovered.

**Informed written consent** must be provided by parent or legal guardian for any client under the age 18.

**Cancellation Policy:** A 24-hour notice is required for cancellation of your massage appointment.

**RELEASE OF LIABILITY:**

I, \_\_\_\_\_ (print name) understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. I give my permission to receive massage therapy. **If I experience any pain or discomfort during this massage session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort.** I understand the risks associated with massage therapy include, but are not limited to: • Superficial bruising • Short-term muscle soreness • Exacerbation of undiscovered injury or emotions. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. All client's prior to involvement in a fitness and/or massage program should obtain a physician's examination. If a participant chooses not to obtain a physician's permission, he/she must sign below. I do hereby acknowledge that I have been informed of the need for a physician's approval for participation in a program of exercise and/or massage therapy. I accept complete responsibility for my health and well-being in the voluntary exercise and/or massage therapy, and related testing and understand that no responsibility is assumed by your massage therapist or any affiliated health facilities, persons used during the program of exercise and/or massage therapy. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my

participation in any activities of your massage therapist. I understand that massage therapists are 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 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 therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so. I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session. **I also understand that the Licensed Massage Therapist reserves the right to refuse to perform massage on anyone whom he/she deems to have a condition for which massage is contraindicated.** You are agreeing that you understand this service is not a medical service and it is your responsibility to let your massage therapist know in advance of any medical reasons why you should not have the massage service. You are agreeing to a complete release of **all** liability from your massage therapist. If at any time you feel uncomfortable or in pain it is your responsibility to let the Massage Therapist know to stop. **I have been given a chance to ask questions about the massage therapy session and my questions have been answered. I have read and agree with above information. Your massage therapist has the right to stop your massage session at any time or refuse service to any client. No refunds.**

All information will be kept strictly confidential.

**Information and Suggestions** • Prior to your massage, please remove contact lenses and all jewelry. Pull long hair back with a clip or band. • In general, massage is given while you are unclothed. However, you may choose to wear undergarments or a swimsuit. You will be covered with a top sheet throughout your session. This is your massage and you should be as comfortable as possible. • Feel free to ask your therapist any questions before, during, or after the session. Your therapist is a highly trained professional and will be happy to make you feel informed and comfortable.

**Signature of client** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature of Massage Therapist** \_\_\_\_\_

**Date** \_\_\_\_\_