

HARMONIA BODYWORK CLIENT INTAKE FORM

Name \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Occupation \_\_\_\_\_ Referred by: \_\_\_\_\_

**HEALTH INFORMATION**

Are you taking any medications?  yes  no If yes, please list: \_\_\_\_\_

Any Allergies? (oils, lotions, nuts, fruits, skin, etc.)  yes  no If yes, please list: \_\_\_\_\_

Are You Pregnant?  yes  no If yes, how many months? \_\_\_\_\_ Due date: \_\_\_\_\_

Are you currently under medical supervision or receiving other medical interventions?  yes  no

If yes, please describe: \_\_\_\_\_

- Areas of swelling
- Autoimmune disorder
- Back / neck problems
- Bleeding disorders
- Blood clots
- Bruise easily
- Bursitis
- Cancer
- Contagious condition
- Decreased sensation
- Diabetes
- Fibromyalgia
- Headaches
- Heart condition
- Hypertension
- Kidney disease
- Multiple sclerosis
- Neurological condition
- Neuropathy
- Osteoarthritis
- Osteoporosis
- Phlebitis
- Sciatica
- Seizures
- Stroke
- Tendinitis
- TMJ disorder
- Varicose veins
- Vertigo / dizziness

Areas of broken skin? (e.g. rash, wounds)  yes  no

If yes, where? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

History of joint replacement surgery?  yes  no which joint(s)? \_\_\_\_\_

Recent injuries or medical procedures in the past 2 years?  yes  no please describe: \_\_\_\_\_

Please describe any other injuries or health conditions: \_\_\_\_\_

**MASSAGE INFORMATION** Have you had professional massage before?  yes  no How recently? \_\_\_\_\_

Reason for seeking massage:  Relaxation  Specific Problem

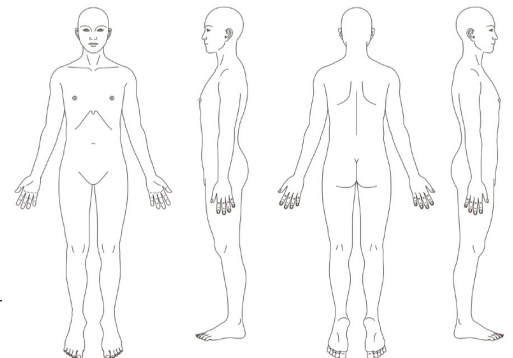
*Please indicate any areas of discomfort*

How much pressure do you prefer?  Light  Medium  Firm  Deep

By signing below, I acknowledge that I am aware of the benefits and risks of massage therapy and that I have completed this form to the best of my knowledge. I also agree to inform my massage therapist of any health or medical changes.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_





Thank you for choosing me as your massage and bodywork provider. In order to provide the best service possible to my clients, I have implemented the following policies, please check the boxes and sign below to authorize consent:

**CANCELLATION AND NO SHOW POLICY**

I require at least 24 hours notice to cancel an appointment. Clients who cancel an appointment with less than 24 hours notice will be billed 50% of the price of the scheduled service. Clients who do not show up for a scheduled appointment or notify me in advance will be billed for the full price of the scheduled service. I understand that emergencies and illnesses can arise, therefore last minute cancellations due to things such as verifiable emergencies, illnesses or inclement weather will generally not result in any missed session charges, however this is to be determined at the practitioner's discretion.

**LATE ARRIVAL POLICY**

All scheduled appointments will end at the scheduled ending time in order for us to stay on schedule. Clients who arrive late to their scheduled appointment will be charged for the full session and will not receive a time extension. For your first appointment, please arrive 15 minutes prior to your scheduled appointment time to allow time to complete the Client Intake Form. For all other appointments, please arrive 5 to 10 minutes before your scheduled appointment time to allow time to use the facilities, undress and get on the table to enjoy a relaxed and unhurried experience.

**MESSAGE TERMINATION**

Only professional massage and bodywork services for relaxation or therapeutic purposes are offered at this massage practice. Massage services will be terminated immediately in the event of inappropriate conduct of any kind. This includes harassment, threatening speech or behavior, sexual advances or requests, or disrespectful actions or language. A session will not be conducted if the client is under the influence of drugs or alcohol. If the massage is terminated for any of these reasons, full payment for the scheduled session is still required.

**DRAPING POLICY**

Clients will be appropriately draped with a sheet at all times during their massage. Only areas of the body that are currently being treated will be exposed. The breast and genital areas will always remain draped and are never massaged.

*Signing below indicates that you have read, fully understand and will abide by the massage policies as listed above.*

Client Printed Name \_\_\_\_\_

Client Signature \_\_\_\_\_

Date \_\_\_\_\_