



## CLIENT INTAKE FORM

I understand that any form of massage exerting firm to deep tissue is a manipulation of soft tissue and may cause soreness and bruising during and several days following my session. I acknowledge that my massage is voluntary and that I may end my massage at any time during the session; by not doing so, I am fully aware I am not entitled to any compensation or reimbursement following the completion of my session. I understand that massage therapy is given here for the purpose of stress reduction, relief from muscular tension, spasm, for increasing circulation and energy flow.

I understand that massage therapist and practitioner does not diagnose illness, disease, or any other physical and or mental disorder. As such, the massage therapist does not prescribe medical treatment on pharmaceuticals, nor perform and spinal manipulations, It has been made clear to me that this massage therapy is not a substitute for medical examinations and or diagnosis. And that it is recommended that I see a physician for any physical ailment that I might here, because a massage therapist must be aware of existing physical conditions.

I have stated all known medical conditions and take it upon myself to keep the therapist updated on my physical health.

I understand this massage is give in a strictly non-sexual manner.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date

Full Name:

Telephone Number:

Occupation: \_\_\_\_\_

Sex: male / female

Injuries: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address:

E-mail address