

**Intake Form**

Name:	Employer:
Street Address:	Occupation:
City, State, Zip:	Birthday (M/D/YR):
Home Phone:	Email:
Work Phone:	Emergency Contact Name:
Other Phone:	Emergency Phone:
How did you hear about me?	Relation to you:

Please Circle the areas on the body that you would like emphasized.  
 Please X the areas of the body that you want me to avoid.  
 Please list below any health information (such as surgeries or major injuries) that I should be aware of:

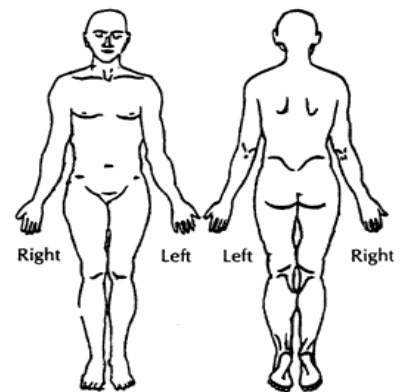
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I understand that the massage and bodywork that I receive is for the purpose of stress reduction and relief from muscular tension, spasms, or pain, and to increase circulation. If I experience any pain or discomfort, I will immediately inform the massage therapist so that the pressure or methods can be adjusted to my comfort level. I understand that massage/bodywork professionals do not diagnose illness or disease or perform any spinal manipulations, nor do they prescribe any medical treatment, and nothing said or done during the session should be construed as such. I acknowledge that massage is not a substitute for medical examination or diagnosis and that I should see a health care provider for those services. Because massage/bodywork should not be performed under certain circumstances, I agree to keep the massage therapist updated as to any changes I my health, and I release the massage professional from any liability if I fail to do so. I understand that a single massage session used on a random basis does not include any methods to address soft tissue structure or function specifically. I have the right to refuse or stop treatment at anytime, and the massage therapist must comply despite prior consent. The massage professional may refuse a massage or otherwise treat me if a just and reasonable cause exists. The relationship between the client and the therapist must remain strictly professional during the massage session.

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_