

# Harmony Within Massage Therapy

## CLIENT INTAKE INFORMATION SHEET

Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Occupation (This helps determine what areas may need more treatment) \_\_\_\_\_  
Emergency Contact (Name, Relation, and Phone #) \_\_\_\_\_

Referred By:  HWMassagenj.com  Inner Realm Magazine  Event/Fair  AMTA  
(Please select one)  HealthProfs.com  Groupon  LivingSocial  BNI  
A Friend or Gift Certificate \_\_\_\_\_ Other \_\_\_\_\_

When an email is provided you will receive occasional notifications of holiday specials and events. You may opt out easily at any time. You may also add us on Facebook or Twitter for these notifications. May we email you?  Yes  No

## MEDICAL INFORMATION

Depending on the service you are receiving, some of these questions may not pertain to you. However, we like to have this information for potential future use. Please check Yes or No. If yes, please briefly explain below.

- Yes  No Have you had a professional massage before? If yes, how long ago? \_\_\_\_\_
- Yes  No Are you pregnant? If yes, how many weeks are you? \_\_\_\_\_
- Yes  No If you are pregnant, is your pregnancy high risk?
- Yes  No Are you taking any medications? If yes, please list: \_\_\_\_\_
- Yes  No Have you had any recent surgeries? If yes, please list: \_\_\_\_\_
- Yes  No Have you ever had any broken bones or concussions? If yes, please explain below.
- Yes  No Any recent accidents, falls or injuries? If yes, please explain below.
- Yes  No Do you bruise easily?
- Yes  No Do you have diabetes?
- Yes  No Do you have arthritis?
- Yes  No Do you have high blood pressure?
- Yes  No Do you have any contagious diseases or fungus? If yes, please explain below.
- Yes  No Epilepsy or seizures?
- Yes  No Cardiac or Circulatory problems? If yes, please explain below.
- Yes  No Do you have varicose veins?
- Yes  No Do you suffer from joint swelling?
- Yes  No Osteoporosis?
- Yes  No Have you ever been diagnosed with TMJD (Temporal Mandibular Joint Disorder)?
- Yes  No Do you suffer with jaw muscle pain?
- Yes  No Do you suffer from headaches/migraines? If yes, where and how often? Please explain below.
- Yes  No Do you have tension or soreness in specific areas?
- Yes  No Back/neck pain?
- Yes  No Do you suffer from depression?
- Yes  No Do you suffer from anxiety?
- Yes  No Have you consumed alcohol today?
- Yes  No Do you have any allergies to nuts, oils or scents? If yes, please list: \_\_\_\_\_

What results are you hoping to get out of your appointment today? Also, if you answered yes to any of the above questions, please provide details. \_\_\_\_\_

# **ABOUT YOUR MASSAGE**

What type of pressure is comfortable for you? Light/Medium/Firm/Deep/I Don't Know  
Please select one of the following:  I prefer oil  I prefer lotion  I have no preference  
 I prefer a female massage therapist  I prefer a male massage therapist  I have no preference  
Would you like aromatherapy at no extra charge?  Yes  No  
Spend more time on these areas: \_\_\_\_\_  
Stay away from these areas: \_\_\_\_\_

# **CONTRACT/AGREEMENT**

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be considered as a substitute for medical examination, diagnosis or treatment, and that I should see a physician or other qualified medical specialist for any mental or physical ailments that I am aware of. I understand that massage/bodywork practitioners 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 this session given should be constructed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all known medical conditions, and answered all questions honestly. I agree to keep the practitioner informed and updated to any changes in my medical profile. I understand that there shall be no liability on the practitioner's part if I fail to do so, and that Harmony Within Massage Therapy is not liable for any discomforts, injuries or perceived injuries that may occur. I also understand that any illicit or sexually suggestive remarks or advances made by me will suit in immediate termination of the session, possible legal action, and I will be liable for payment of the terminated appointment. I understand that Harmony Within Massage Therapy enforces a 24 hour cancellation policy and that if I do not give 24 hours notice of cancellation, I will be liable for payment of the appointment.

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

Practitioner Signature \_\_\_\_\_ Date \_\_\_\_\_

# **CONSENT FOR TREATMENT OF A MINOR**

By my signature, I \_\_\_\_\_ hereby authorize Harmony Within Massage Therapy to administer massage/bodywork and aromatic therapy to my child or dependent as they deem necessary.