

## Relaxing Massage & Therapeutic Bodyworks

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### Client Intake

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Email Address \_\_\_\_\_ D.O.B. \_\_\_\_\_

Have you ever had a professional massage? \_\_\_\_\_ Referred by \_\_\_\_\_

**Our massage tables have a 325-pound weight limit. Please inform your therapist if your weight exceeds this limit.**

### General Health & Medical Information

**Please be advised that massage should not be performed for certain medical conditions and referral from a physician may be required.**

Please check below all that apply:

Back Pain

Bone or Joint injuries

Heart Condition

Arthritis

Recent Surgery

High/Low Blood pressure

Pregnant

Bruise easily

Cancer

Due date \_\_\_\_\_

Varicose Veins

Smoke

Diabetic

Hearing Problems

Currently Running Fever

Epilepsy or Seizures

Skin Conditions

Swollen Ankles

Osteoporosis

Migraines/Headaches

**Please explain any conditions and Medications you may be taking.**

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## Initial Consultation

1. \_\_\_\_ The therapist has reviewed my general health & medical information.
2. \_\_\_\_ The therapist has told me I will be receiving a basic Swedish Massage.
3. \_\_\_\_ The therapist has told me the benefits and/or potential problems of my massage.
4. \_\_\_\_ The therapist has described which parts of the body will be massaged.
5. \_\_\_\_ **I have been informed that draping will be used during the massage session and only the area being worked on will be uncovered**
6. \_\_\_\_ **I have been informed of my legal right to stop the massage at any time for any reason and the therapist also has that same right.**
7. \_\_\_\_ **(Females) The massage therapist will not perform breast massage on female clients without the written consent of the client prior to the massage session.**
8. \_\_\_\_ I have been informed of the need to update any changes to my health.
9. \_\_\_\_ I am aware there are health or physical conditions known as **Contraindications** which would prevent massage therapy.

## Massage Therapy Agreement

I understand that the massage I receive is to provide for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the pressure and or strokes may be adjusted to my level of comfort. I further understand that the massage should not be construed as a substitute for medical examination, diagnosis or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapist are not qualified to perform spinal, 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 answer 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.

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian if under the age of 17)

Therapist signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

