



CLIENT INTAKE / CONSENT FORM

Name: _____ Date: _____ Gender: Male Female

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Day Phone: _____ Cell Phone: _____

Email: _____ Occupation: _____

Emergency Contact: _____ Phone: _____

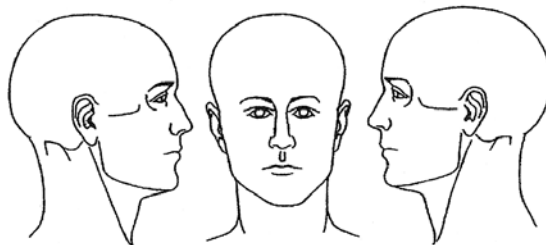
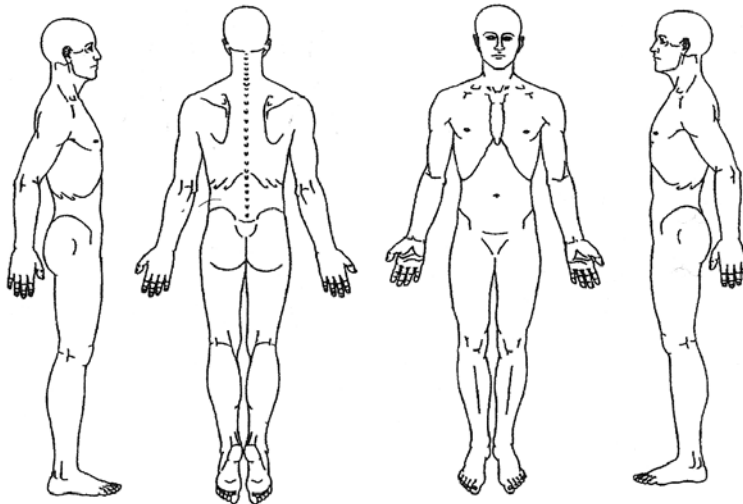
Muscle Therapy History

Have you ever received a professional massage? (Check or X) Yes No

Have you ever received an advanced bodywork session (i.e. MFR, Rolfing, ART, etc.)? Yes No

What pain, if any, are you experiencing today? _____

Current or recent MD, DO, or DC's name and diagnosis? _____



List Qualities of Pain next to area using a scale from 1-10, 10 being the worst pain.

Circulatory System

- Heart condition
- Phlebitis / Varicose veins
- High / Low blood pressure
- Swollen ankles / Feet
- Head aches
- Other: _____

Nervous System

- Numbness / Tingling – Location _____
- Sciatica
- Pinched Nerve
- Migraines
- Other: _____

Musculoskeletal System

- Tendonitis / Bursitis
- Arthritis (Osteo or Rheumatoid)
- Sprains / Strains
- Low back / Hip / Leg Pain
- Neck / Shoulder / Arm Pain
- Spasms / Cramps
- TMJ / Jaw Pain
- Osteoporosis
- Scoliosis
- Other: _____

Skin (Integumentary System)

- Allergies
- Rashes
- Athlete’s foot
- Lice / Scabies
- Other: _____

Digestive System

- Current Constipation / Diarrhea
- Gas / Bloating
- Irritable bowel syndrome (IBS)
- Ulcers
- Other: _____

Respiratory System

- Asthma / Breathing Difficulty
- Emphysema
- Allergies
- Sinus problems
- Other: _____

Other

- Diabetes
- Chronic fatigue syndrome
- Sleep disorders
- Anxiety / Stress Syndrome
- Current inflammation / Swelling
- Current infection
- Other: _____

I have listed all my known medical conditions and physical limitations to the best of my knowledge. I will inform Best of Both Worlds in writing of any change in my physical health between sessions. I understand that a massage therapist must be aware of all existing physical conditions that I have in order to provide appropriate modalities. I further understand that a massage therapist neither diagnoses nor prescribes for illness, disease, or any other medical, physical, or emotional disorder. I am responsible for consulting a qualified primary care provider for any physical ailment that I may have. In consideration of this, I, for myself, my heirs, and my legal representatives, do hereby release and forever discharge Best of Both Worlds and its officers and employees from any and all causes of actions, suits, debts, claims and demands of any whatsoever arising from or by reasons of any injuries which might occur as a result of having massage therapy performed. I am responsible for rescheduling if needed and that failure to give 24 hours of notice will result in a cancellation fee of \$40 on my next visit or purchased block.

I have read the above information. I understand this policy and agree to its terms.

Signature: _____ Date: _____