



Massage Intake Form - CONFIDENTIAL INFORMATION

WELCOME! My goal is to make your appointment as safe, comfortable, and as effective as possible.

Ashiatsu Barefoot Massage is a massage technique that provides deep compression and effleurage and is not recommended for people with certain health conditions. Your comfort and safety are my top priority and I will check in periodically with you during your massage. However, it is your responsibility to communicate with me throughout the massage session concerning the level of pressure exerted so adjustments can be made for your comfort.

As with all massage techniques, you may experience stiffness, soreness, skin irritation, or sinus congestion from your treatment session. Disclosure of preexisting conditions must be made prior to the massage session for your safety. The practitioner will not be held liable for non-disclosed preexisting conditions.

Please fill out all information as accurately and thoroughly as possible.

Name: _____ Date of Birth _____

Address: _____

Email _____ Phone _____

Occupation _____

Emergency Contact Name _____ Emergency Contact Phone _____

How did you hear about me? Referral / Website / Google / Yelp / Facebook (Circle one.)

Other _____

Have you ever received massage or bodywork before? YES NO

If yes, how often do you receive massage? _____

Do you generally prefer Light, Medium or Deep Pressure? Circle one.

Do you have any allergies to nuts, seeds or fragrances? YES NO

If so, please list: _____

Are you currently taking any prescription medications? YES NO

If yes, please list type and reason for medication.

Do you have any difficulty lying on your front, back or side? YES NO

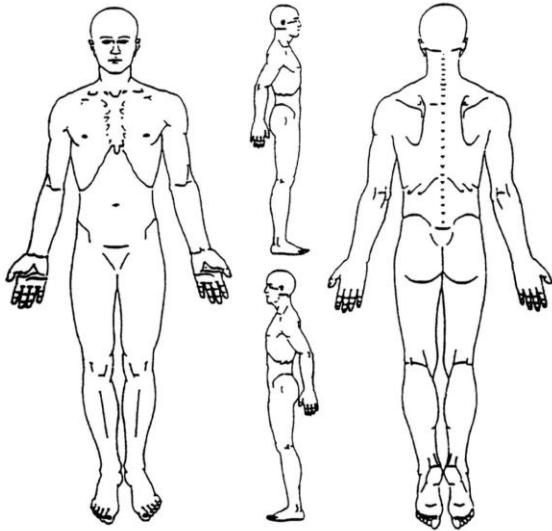
If yes, please explain. _____

Do you exercise regularly? YES NO What kind of activities do you do? _____

Is there a particular area where you are experiencing tension, stiffness or pain today? YES NO

If so, please identify: _____

Circle any area you would like me to focus on during our massage session:



SCOPE OF MASSAGE AND BODYWORK

I, _____ (print name) understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this 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 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 therapists 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 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 answered 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. I verify that all information provided above is correct and current to the best of my knowledge. I understand that the information provided is for my safety and will be kept strictly confidential. I hereby give my consent to receive massage services and/or other bodywork or treatment.

Signature of client _____ Date _____

Signature of Massage Therapist _____ Date _____