



Intake Form

Name _____ Date of Birth _____

Street _____ City/State _____ Zip Code _____

Telephone Number (H) _____ (C) _____ (W) _____

Email _____ I was referred to you by _____

Emergency Contact _____ Relationship _____ Phone # _____

May I give you phone or email reminders for any future appointments? YES / NO If yes, circle one: PHONE / EMAIL
May we add you to our email + snail mail mailing lists? YES / NO

Occupation _____ Hobbies _____

How would you describe your current activity level? Low Medium High

What brings you in today? Ex: stress, pain. If pain is your reason, please indicate where you are feeling the pain.

Have you had a professional massage before? YES / NO If so, was it a good experience for you? YES / NO
Why _____

Please list any allergies (food, nuts, seasonal, etc):

Please list any current or past injuries:

Please list any current or past surgeries:

What medications are you currently taking?

Do any of the following apply to you:

- ___ Arthritis ___ Heart Disease ___ Scoliosis ___ Varicose Veins
___ Bruise Easily ___ Hypertension ___ Seizures ___ Wear Contacts
___ Cancer ___ Osteoporosis ___ Skin Condition ___ Athletes foot
___ Diabetes ___ Parkinson's ___ Tendonitis ___ Plantar warts
___ Digestive Issues ___ Pregnant ___ Torn Muscle ___ Any others
___ Headaches ___ Sciatica ___ Torn Ligament _____

Please explain any of the above checked conditions:

I have stated all medical conditions I am aware of and have completed this form to the best of my ability.
I have read, and understand MB Massage Studio's Office and Client Policies form.

Signature _____

Date _____



Business Policies

- * I adhere to a code of ethics as stated in the American Massage Therapy Association <http://www.amtamassage.org/About-AMTA/Core-Documents/Code-of-Ethics.html> and to the standards of practice required by the State of New Hampshire.
- * I work within the scope of practice of my training.
- * I keep clients personal and health information confidential and am HIPPA compliant.
- * I work in an environment that respects all people.
- * Each therapeutic session is designed with the client's needs and desires in mind.
- * Clients are draped with a sheet during the entire session. Only the parts of the body being worked on are exposed.
- * My equipment is safe and clean.
- * The fees for outcalls are not the same as in my studio and you should talk to me for more details.
- * Sessions are by appointment only.
- * Appointments are confirmed the day before either by phone or email reminders.
- * Payment is expected upon treatment.
- * Methods of payment accepted are cash and the following credit cards (Visa, MasterCard, American Express and Discover.)
- * Tips are gratefully accepted but not required.
- * I do not accept insurance but am happy to assist clients in filling out the appropriate forms if necessary for reimbursement.
- * I return calls and emails within 24 hours unless I am out of town.

Client Policies

- * Clients are expected to show up 5-10 minutes prior to their appointment to get settled in.
- * Clients are expected to give a 24 hour notice if they need to cancel or reschedule.
- * It is the responsibility of the client to alert the therapist of any changes in their health or condition.
- * The massage session begins and ends at the scheduled time. Sessions that begin late due to the client arriving late will end at the scheduled time and remain at the full price.
- * Our office and parking lot is a non-smoking environment.
- * I offer treatments that are for strictly therapeutic and relaxation purposes. Sexual harassment is not tolerated. If the practitioner's safety feels compromised, the session will be stopped immediately.
- * Please alert the therapist of any allergies to nuts or other ingredients that may be used in the massage oils or creams.

Client's Signature _____

Date _____