



# **TOUCH OF ZEN ENTERPRISES**

## **MESSAGE INTAKE/CONSENT FORM**

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

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

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

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

In case of Emergency \_\_\_\_\_

The following information will be used to help plan safe and effective massage sessions.

Please answer the questions to the best of your knowledge.

1. Are you currently taking any medications?  Yes  No

If yes, please list name and reason for medications \_\_\_\_\_

2. Are you currently seeing a healthcare professional?  Yes  No

If yes, please list reason/treatment \_\_\_\_\_

3. Have you had a professional massage before?  Yes  No

If yes, how often do you receive massage therapy? \_\_\_\_\_

4. Do you have any difficulty lying on your front, back, or side?  Yes  No

If yes, please explain \_\_\_\_\_

5. Do you have any allergies to oils, lotions, or ointments?  Yes  No

If yes, please explain \_\_\_\_\_

6. Do you have sensitive skin or bruise easily?  Yes  No

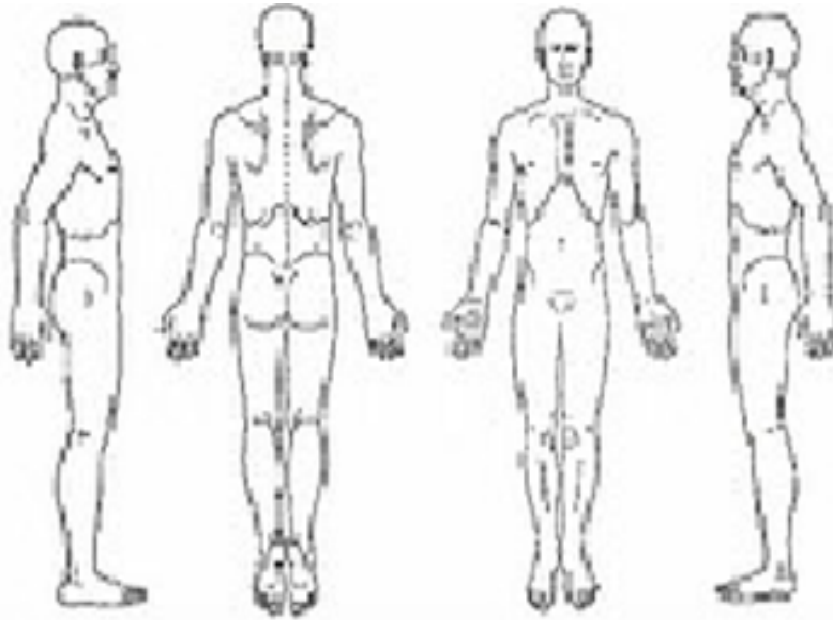
7. Are you wearing  contact lenses  dentures  a hearing aid or a  hair piece/wig?

8. Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort?  Yes  No

If yes, please identify & explain \_\_\_\_\_

9. Do you have any particular goals in mind for this massage session?  Yes  No

If yes, please explain \_\_\_\_\_



Please circle any specific areas where you are experiencing pain or impaired function

10. Please Circle any of the below conditions that apply to you or that have applied to you in the recent past:

Accident	Allergies	Arthritis	Asthma
Breast Implants	Broken bones	Cancer	Carpal Tunnel
Childbirth	Constipation	Dental surgery	Diabetes
Diarrhea	Eczema	Eye surgery	Fainting
Fatigue	Fibromyalgia	Fungal infection	Headaches
Heart condition	High Blood Pressure	Hyper Glycemic	Hypo Glycemic
Implants	Infectious Disease	Joint Dysfunction	Low Blood Pressure
Migraines	Nerve damage	Osteoporosis	Pacemaker
Plastic Surgery	Pregnancy	Repetitive motion injury	Restricted Range of Motion
Sciatica	Scoliosis	Shin splints	Skin Conditions
Spinal disc issues	Stress	Stroke	Sunburn
Surgery	Tennis Elbow	Thrombosis	TMJ
Ulcers	Whiplash		

Explain any conditions circled:

11. Is there anything else about your health history that you think would be useful for a massage practitioner to know to plan a safe and effective massage session for you?

12. Please specify any specific issues or areas you would like me to focus on:

INFORMED CONSENT:

Draping will be used during the session if you have chosen an oil based (unclothed) massage. I normally use cotton sheets for draping, but can use sarongs, batiks, towels, pillowcases, or blankets if requested. Depending on your preferences for either conservative coverage and warmth or a free flowing massage with more tropical coverage, draping techniques can be adjusted, my normal techniques involve long flowing strokes so large areas of the body may be exposed but coverage over the genitals and most of the female breast is maintained. I normally use a heating pad for both table and floor massages. Please let me know before your massage or at any time during your massage if you would prefer more or less conservative draping or if you become too hot or cold during the massage. **Please note any special requests for draping below:**

All areas of the body except the genitals and portions of the breasts will normally be massaged if time allows. The massage will normally include the arms, legs, back, head, neck, glutes, sacrum area, abdomen, sternum, and upper and lower chest areas. **Please indicate below if there areas you do not want to be massaged:**

Please note that oil or creme may damage undergarments or clothing and that it is likely that some oil or creme will get into your hair during a massage. Also note that oil and creme may damage some jewelry. Earrings and necklaces may also be damaged or cause injury if worn during a massage. Your therapist does not assume liability for any damage to clothing or jewelry worn during a massage.

Massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and nothing said in the course of the session should be construed as such. The massage and bodywork provided is intended for therapeutic relief and relaxation of muscular and fascial tension. It is not intended and should not be construed as a substitute for chiropractic adjustment or other medical examination, diagnosis, or treatment. It is the client's responsibility to alert the therapist of any pain or discomfort experienced during the session and to seek advice of a physician or other qualified medical specialist for any physical or mental illness and to alert the massage therapist to any physical or mental condition since some conditions may contraindicate massage. It is also the client's responsibly to request a new intake form and to update the massage practitioner if there are any changes in the medical history/profile or if changes in objectives/approach are desired.

**By signing below, I acknowledge the above and consent to massage as described above.** I also recognize that any illicit or sexual comments or conduct may result in termination of my session and that I will remain liable for payment for the full session in the event of such termination.

Client Signature:

Printed Name of Client:

Date: