

Massage Therapy Client Intake Form

Date _____

Name:	
Address:	
City/State/Zip:	
Telephone (Cell):	(Work):
Email:	
Date of Birth:	
Occupation:	
Medical Practitioner:	(Phone):
What are you hoping to gain from massage (e.g. relieve discomfort, relaxation, pain management, reduce stress)?	
Do you have any current physical discomforts? If yes, briefly list and annotate Discomfort Diagram (attached).	
Have you ever suffered any serious injuries or trauma, been hospitalized, or had surgery? If yes, briefly describe.	
Are you presently under a medical practitioner's care? If yes, briefly describe.	
Are you currently taking any medications. If so, please list condition and medication.	
Have you ever received professional body work, including chiropractic or osteopathic care? If yes, briefly describe.	
Do you exercise regularly? If yes, briefly describe.	

Consent for care:

- I understand that my practitioner is not a licensed MEDICAL healthcare provider
- I acknowledge that massage is not a substitute for medical care, medical examination, or diagnosis.
- I have stated all my known medical conditions. I will inform my practitioner of any change in my health status.
- It is my choice to receive massage. I am aware of the benefits and risks, and I give my consent for massage.
- I understand that there is no implied or stated guarantee of success or effectiveness for massage sessions.
- I understand that the client/therapist relationship will be held in strict confidence.
- I will be on time for my appointment and understand that if I must cancel, I will do so at least 24-hours prior to my scheduled time or I will pay in full for the missed appointment.

WAIVER & RELEASE OF LIABILITY

- I, the undersigned, have voluntarily requested massage therapy provided by therapist at the Pro Fitness Network fitness facilities, located at 184 E. Glenarm St. #101, 107, & 108, Pasadena, CA (the "Property").
- I do hereby agree to hold therapist harmless, as well as Pro Fitness Network and Carina Weston from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or relating to the Services and use of the equipment at the Property.
- I acknowledge I have thoroughly read this waiver and release and I fully understand that it is a waiver and release of liability. By signing this document, I am waiving any right that I, or my heirs and/or assigns may have to bring any and all legal actions or assert any and all claims against therapist, as well as Pro Fitness Network and Carina Weston.

Print Name _____

Signature _____ Date _____