



Client Intake Form

Client Contact Information		
Name:	Date of Birth:	Today's Date:
Address:	City, State, Zip:	
Phone (primary) [Mobile?]:	Phone (secondary) [Mobile?]:	
Email:		
Emergency Contact:	Phone:	

Health Information (check any that apply)									
<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Irregular digestion	<input type="checkbox"/>	Herpes Simplex Virus	<input type="checkbox"/>	MRSA	<input type="checkbox"/>	Allergy to Iodine or Shellfish
<input type="checkbox"/>	Circulatory Problems	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	Eye Infection/Disorder	<input type="checkbox"/>	Chronic Pain	<input type="checkbox"/>	Osteoporosis
<input type="checkbox"/>	Sleep Problems	<input type="checkbox"/>	Varicose veins	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Serious Sun burn or exposure
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Claustrophobia	<input type="checkbox"/>	Eczema or Psoriasis	<input type="checkbox"/>	Sciatica	<input type="checkbox"/>	Hyper/Hypo Thyroid
<input type="checkbox"/>	Facial Warts	<input type="checkbox"/>	Headaches	<input type="checkbox"/>	Keloid/Hypertrophic Scars	<input type="checkbox"/>	Sun Allergy	<input type="checkbox"/>	Cancer
Any other medical condition or concerns we need to know about?									

Massage Information
Have you ever received professional massage/bodywork before? <input type="checkbox"/> Yes <input type="checkbox"/> No
How recently?
What types of massage/bodywork do you prefer?
What kind of pressure do you prefer? <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Firm <input type="checkbox"/> Unsure
What are your goals/expected outcomes for receiving massage/bodywork? <input type="checkbox"/> Relaxation <input type="checkbox"/> Pain Relief <input type="checkbox"/> Stress Reduction <input type="checkbox"/> Health and Wellness <input type="checkbox"/> Other:
Are there areas of body to concentrate on?
Are there areas of body to avoid?



Agreement:

I am not a minor or my guardian is consenting to my choice below and it is my choice to receive massage. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions asked of me honestly. I will update Meridian Professional Massage and Sports Therapy of any changes to my health status. I understand that Massage Therapists do not diagnose illness, disease, physical or mental disorders, nor do they prescribe medical treatments, pharmaceuticals, or perform spinal manipulations or skeletal adjustments and that nothing said in the course of the session given should be construed as such. I acknowledge that these treatments are not a substitute for medical examination or diagnosis, and that it is recommended I see a primary health care provider for that service. If I experience any pain or discomfort during the session, I will immediately inform the Massage Therapist so that the service may be adjusted to my level of comfort or discontinued. I could experience varying degrees of discomfort, soreness, and other physical effects as a result of this treatment.

I further understand that I am paying for a treatment and not a result and that there will be no returns, refunds or exchanges.

If I am unable to make a scheduled appointment, I agree to cancel the appointment 24 hours in advance by phone or online, unless I have an emergency. In this case I will call ASAP to reschedule my appointment.

I understand that any illicit or sexually suggestive behavior, remarks or advances made by me will result in the immediate termination of the session and I will be liable for payment of the scheduled service. Further, I understand that Meridian Professional Massage and Sports Therapy reserves the right to refuse to administer services at their sole discretion.

I have read and fully understand this form in its entirety. I hereby release the practitioners, Meridian Professional Massage and Sports Therapy Massage, LLC and their insurers, and their respective officers, successors, employees, contractors and agents from all liability of any nature whatsoever, whether past, present, or future, for injury or damage which may occur to myself or my family as a result of my receiving massage services.

Client Name: _____

The information I have provided is accurate and true.

Client Signature: _____ Date: _____

MT Signature: _____ Date: _____

For anyone under 18 years of age name and signature of consenting guardian:

Guardian Name: _____

Guardian Signature: _____ Date: _____