**Rising Phoenix Wellness**

2018

**Client Intake Form**

Date:

Name: Sex:  Male  Female

Address:

City: State: Zip:

Phone #: email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: Occupation:

In Case of Emergency, Please Notify:

Name: Telephone #:

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Have you ever had massage before? Yes or no frequency\_\_\_\_

Who referred you for massage? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you sensitive to scented lotion? yes or no

Reason for today’s visit: full body massage decrease stress relaxation pain management injury

Please list the areas of the body that need special attention during the massage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Areas you would like avoided during the massage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supplements:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any surgeries including dates\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you smoke cigarettes? yes no \_\_\_ packs/day Do you exercise? yes no \_\_\_x/week

Do you drink alcohol? yes no \_\_\_ drinks/week

 If female are you pregnant? yes no Due date\_\_\_\_\_\_\_\_\_\_

Please check all that apply to you:

|  |  |  |  |
| --- | --- | --- | --- |
| Headaches | Arthritis | Constipation | Birth control |
| Migraines | Numbness or tingling  | Hernia  | Liver trouble |
| Bone fractures | Plantar fasciitis L/R | Bruises easily | History of cancer |
| Stress | Sinus problems | Kidney trouble | High blood pressure |
| Ringing in ears | Neck pain | Jaw clicking, teeth grinding | Low blood pressure |
| Fainting/dizziness | Tendonitis | Sleep problems | Blood clots |
| Asthma | CarpalTunnel syndrome | Painful joints | Diabetes |
| Muscle spasms | Scoliosis | Osteoporosis | Depression |
| Loss of memory | Thoracic outlet syndrome | Heart condition | Varicose veins |

**Rising Phoenix Wellness Client Agreement**

I understand the following and agree to the terms below:

A. Therapeutic massage is in no way intended to be a substitute for proper medical care. No diagnoses will be made. Further, I understand that massage services are designed to be one component in my own overall health and wellness program. Information exchanged during any massage session is intended to be educational in nature and to help me become more familiar and conscious of my body, mind, and spirit; I use this information at my own discretion.

B. **This is a therapeutic massage, meaning it is not sexual in nature. Any sexual comments or advances by the client will result in immediate ceasing of the massage with full payment rendered immediately. No exceptions!**

C. All information I have provided on this and any other form will be kept confidential and will be released to a third party only with my written and signed consent.

D. I recognize that time is valuable. Out of respect for my massage therapist and myself, I agree to cancel at least 24 hours in advance if I am unable to keep a future appointment. If I do not cancel at least 24 hours in advance and the cancellation is not the result of an emergency, I agree to a $25.00 cancellation fee.

E. **Consent for Treatment**

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork 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 of which I am aware. I understand that massage/bodywork practitioners 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/bodywork 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 practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner’s part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. Understanding all of this, I give my consent to receive care.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ Parent or Guardian Signature (in case of a minor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_