

No Worries Massage & Bodywork

Client Intake Form

Name: _____ Date of Birth _____

Phone number: _____ email: _____

Occupation: _____

What type of exercise do you do and how often? _____

Preferred method of contact (circle one). Text Phone call email

Emergency contact (name/phone#) _____

When was your last massage? This is my first/less than 1 year/more than a year

Are you sensitive to touch/pressure in any area? Yes/NO Where? _____

Any areas I should avoid due to rash, open sores, skin issues or painful to the touch?
Yes/NO

Where? _____

Any recent accidents, injuries, surgeries, or current illness/conditions? Yes/NO

List _____

Do you have any pain? Yes/No Where is this pain? _____

How long have you had it? _____ What type? Sharp/dull/throbbing

If known what caused this pain? _____

Are you taking medications such as pain killers, blood thinners? Yes/No

Are you 18 years or older? Yes/No

OVER =>

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Client Waiver

Please take a moment to read the following statements:

- If I experience pain or discomfort during the session, I will immediately inform my therapist so that adjustments can be made to make me more comfortable. This includes but is not limited to position or pressure.
- I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat physical or mental illness.
- I affirm that I have notified my therapist of all known medical conditions and injuries.
- I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so.
- By signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to massage therapy and bodywork.
- Feel free to ask your therapist any questions before, during, or after the session.

I have received the policy statement, and have read and agree to the policies therein.

Client signature _____ Date _____