

Medical History Intake Form –CONFIDENTIAL INFORMATION

Name_____Birthdate_____

Address_____

City, State, Zip_____ Phone()____-_____

E-mail_____

Occupation_____

Emergency Contact_____ Phone()____-_____

Frequent work activities_____

Frequent leisure activities_____

What is the reason for your visit? _____ Relaxation/wellness
_____ Pain Management/ Stress Management

Is this your first professional massage? _____ yes _____no

Are you sensitive to touch/pressure in any area? _____ yes _____ no

What type of pressure do you prefer? _____ light _____ medium _____deep

Health History

Are you currently using any prescriptions or over-the-counter medications? (List)

Do you have any allergies? (Medications, foods, environment, fragrances, etc.)

Indicate if you **currently have**:

____ Flu/Cold _____ PMS _____Pregnancy _____ Skin Conditions: Rash, Open wounds

____ Fever _____ Inflammation _____Pain/ Joint Pain

Indicate if you **currently have** or **have had** any of the following:

____Cancer _____Diabetes _____Heart Disease _____Tuberculosis

____Neck/Spine Injury _____Digestive Issues _____ High/low blood pressure _____ T.M.J

____Seizures _____Herniated Disk _____ Varicose Veins/Phlebitis _____ Scoliosis

____Arthritis _____Fibromyalgia _____ Frequent Headache _____ Surgery

____Broken Bones _____ Urinary/Kidney _____ Asthma _____Anxiety _____ MS

____Fatigue _____ Insomnia _____ Numbness/Tingling _____Contagious Infections

____Sciatica _____Bruise easily _____ Hearing Issues _____Osteoporosis

Other_____

Consent for Therapy and Waiver of Liability

The undersigned ("Client") hereby freely consents to receive massage therapy from:

Emma DeLamater, LMBT, NC #09381 (hereafter written as "Massage Therapist").
Client, ("I") agrees as follows:

1. I understand that the massage therapist cannot diagnose or treat any disease or illness and does not replace a physician's medical care. Massage should not be performed under certain medical conditions therefore; I confirm I have answered all questions honestly. I will keep my Massage Therapist updated on current and future changes in the status of my health profile and understand there will be no liability on my Massage Therapist's part if I fail to do so. My Massage Therapist has the right to decline treatment at any time due to contraindications such as cold, flu, fever, sore throat, widespread skin rashes or anything deemed contraindicated. All information is confidential.
2. I hereby assume full responsibility for the massage therapies that I receive. I release and discharge my Massage Therapist from any and all claims, liabilities, damages, actions, or causes of action arising from the therapy received hereunder, including, without limitation, any damages arising from acts of active or passive negligence on the part of my Massage Therapist, to the fullest extent allowed by law.
3. I understand that the unclothed body will be draped at all times for warmth, sense of security, and as a mark of my Massage Therapist's professionalism. Only the area being worked on will be exposed. I agree to inform my Massage Therapist if I experience any pain or discomfort during the massage session so that the pressure can be adjusted to the level of my comfort. I will not hold my Massage Therapist responsible for any pain or discomfort I experience during or after the massage.
4. I understand that massage therapy is not sexual in any manner and that any illicit or suggestive remarks or behavior on the client's part will result in an immediate termination of the therapy session.
5. I, in signing this consent for Therapy and Waiver of Liability ("Consent"), understand and agree that this Consent will apply to and govern the current and all future therapy sessions performed by my Massage Therapist.

Client Printed Name _____ Date _____

Client Signature _____ Date _____

IF UNDER 18, Signature of Parent/Guardian _____

Massage Therapist Signature _____ Date _____