

FIRST MASSAGE INTAKE

(FORM UPDATED 05/23/2020)

General Questions

- Have you had a professional massage before? (Yes / No) If Yes, how long ago? _____
- Please describe the physical nature of your work or duties (i.e. standing for several hours looking down):

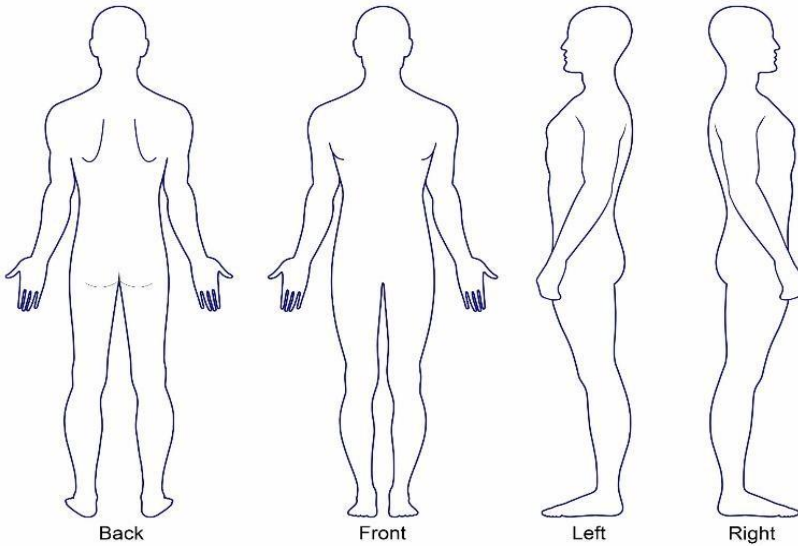
- List any hobbies or sports you participate in on a regular basis:

- Are you wearing any of the following: contact lenses / dentures / hearing aid / piercings
- Are you allergic to any oils or lotions? (Yes / No) If yes, specify? _____
- Aside from traditional massage, are you interested in: cupping / guasha & tool massage / assisted floor stretching

Areas of Discomfort

Circle any regions of pain, stiffness, or tension that have been bothering you:

Massage Therapist Notes



S:

O:

A:

P:

Service Agreement

I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage 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 that I am aware of. I understand that massage therapists 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 should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly to the best of my knowledge. Washington State recently updated their laws regarding breast draping during massage treatments. We do not perform breast massage in this clinic. This means regardless of your gender, you will be always draped above the nipple line if you are laying face up or on your side. Massage may be indicated for your pectoral muscles, abdomen and/or ribs. Our therapist will perform this work by providing additional, modest draping methods. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist or Integrity Chiropractic should I fail to do so. I understand this agreement will be kept on file and apply to all further massage visits that I receive at Integrity Chiropractic.

Signature of Client: _____ Date: _____

Signature of Massage Therapist: _____ Date: _____