SARAH CHABOT MASSAGE THERAPY
CLIENT INTAKE AND RELEASE FORM

Name:_____**Date**:_____
Best phone:_____**Email**:_____
Address:_____**City**:_____**State**:_____**Zip**:_____
Occupation:_____ **Birthday**:_____
How did you hear about us??_____
Emergency contact:_____

Have you received a massage before? Y____ N_____ If yes, when ?_____
What are your massage goals today?_____
Please list areas of tension, stress or pain you wish to be addressed ?_____
_____
How long have you been dealing with this condition? _____Is it chronic ?_____
Are you currently on pain medication?_____
Are you currently under physicians care for acute or chronic illness? Y____N____
If yes, please explain_____
Are hot packs OK?_____Allergies to oils, lotions or essential oils?_____
Pregnant_____# Weeks_____ Has your doctor cleared you for massage?_____

PLEASE CHECK ANY OF THE FOLLOWING THAT YOU ARE EXPERIENCING OR HAVE HAD IN THE PAST?

__Heart problems	__Cancer	__Disc Problems	__Joint Swelling
__Stroke	__Epilepsy	__Artificial Joint	__Sinus Problems
__ Multiple Sclerosis	__Hysterectomy	__Varicose veins	__Easy Bruising
__Diabetes	__Neuropathy	__Blood clots	__Broken Bones
__Fibromyalgia	__Arthritis	__Skin Rash	__Headaches/Migraines
__ Osteoporosis	__Recent Surgeries	__TMJ	__Dislocations

PLEASE EXPAND ON ANY DETAILS YOU FEEL I NEED TO KNOW ABOUT THESE CONDITIONS:

_____

_____

"I understand that a referral from a primary care provider may be required prior to services being provided if I have a specific medical condition that massage may be contraindicated. If I experience any pain or discomfort during this session I will immediately inform the practitioner so that the pressure and strokes may be adjusted to my level of comfort. I further understand that a massage/ bodywork session should not be construed as a substitute for medical examination, diagnosis or treatment and I should see a physician for any mental or physical ailment of which I am aware. It is also understood that any illicit or sexually suggestive remarks or advances will result in immediate termination of the session. I have stated all my known medical conditions and take it upon myself to keep the massage practitioner updated on my physical health."

Client'sSignature:_____