

# client intake form



Client 's Full Name \_\_\_\_\_

## personal information

name \_\_\_\_\_ date of birth \_\_\_\_\_

address \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

home phone \_\_\_\_\_ cell phone \_\_\_\_\_

work phone \_\_\_\_\_ ext. \_\_\_\_\_

email \_\_\_\_\_

occupation \_\_\_\_\_

employer \_\_\_\_\_

employer address \_\_\_\_\_

marital status \_\_\_\_\_ if married, spouses name \_\_\_\_\_

referred by \_\_\_\_\_

emergency contact name (relationship) \_\_\_\_\_ emergency contact phone \_\_\_\_\_

physician's name \_\_\_\_\_ physician's phone \_\_\_\_\_

## massage experience

Have you had a professional massage before?  Yes  No

If yes, what types of massage have you had (swedish, shiatsu, deep tissue, etc.)?  
\_\_\_\_\_

How long have you been receiving massage therapy? \_\_\_\_\_

Frequency of massages? \_\_\_\_\_

What are your goals for treatment? \_\_\_\_\_

## health history

### Musculoskeletal

- Bone or joint disease
- Tendonitis/Bursitis
- Arthritis/Gout
- Jaw Pain (TMJ)
- Lupus
- Spinal Problems
- Migraines/Headaches
- Osteoporosis

### Circulatory

- Heart Condition
- Phlebitis/Varicose Veins
- Blood Clots
- High/Low Blood Pressure
- Lymphedema
- Thrombosis/Embolism

### Respiratory

- Breathing Difficulty/Asthma
- Emphysema
- Allergies, specify: \_\_\_\_\_
- Sinus Problems

### Nervous System

- Shingles
- Numbness/Tingling
- Pinched Nerve
- Chronic Pain
- Paralysis
- Multiple Sclerosis
- Parkinson's Disease

### Reproductive

- Pregnant, stage \_\_\_\_\_
- Ovarian/Menstrual Problems
- Prostate

date of initial visit \_\_\_\_\_ age \_\_\_\_\_

## current health

Reason for initial visit \_\_\_\_\_

Height & weight \_\_\_\_\_

Do you exercise regularly and/or participate in any sports?  Y  N  
If yes, what kind of exercise/sports? \_\_\_\_\_

Do you perform any repetitive movement in your work, sports or hobby?  Y  N  
If yes, describe \_\_\_\_\_

Do you sit for long hours at a workstation, computer or driving?  Y  N  
If yes, describe \_\_\_\_\_

Do you experience stress in your work, family, or other aspect of your life?  Y  N  
If yes, describe \_\_\_\_\_

Are you experiencing tension, stiffness, discomfort or pain?  Y  N  
If yes, describe \_\_\_\_\_

Have you recently had an injury, surgery, or areas of inflammation?  Y  N  
If yes, describe \_\_\_\_\_

Do you have sensitive skin?  Y  N

Do you have any allergies to oils, lotions or ointments?  Y  N  
If yes, please explain \_\_\_\_\_

List any medications you are currently taking \_\_\_\_\_

List any known allergies \_\_\_\_\_

### Skin

- Allergies, specify: \_\_\_\_\_
- Rashes
- Cosmetic Surgery
- Athlete's Foot
- Herpes/Cold Sores

### Digestive

- Irritable Bowel Syndrome
- Bladder/Kidney Ailment
- Colitis
- Crohn's Disease
- Ulcers

### Psychological

- Anxiety/Stress Syndrome
- Depression

### Other

- Cancer/Tumors
- Diabetes
- Drug/Alcohol/Tobacco Use
- Contact Lenses
- Dentures
- Hearing Aids

Any other medical condition(s) not listed: \_\_\_\_\_

Please explain any of the conditions that you have marked above : \_\_\_\_\_

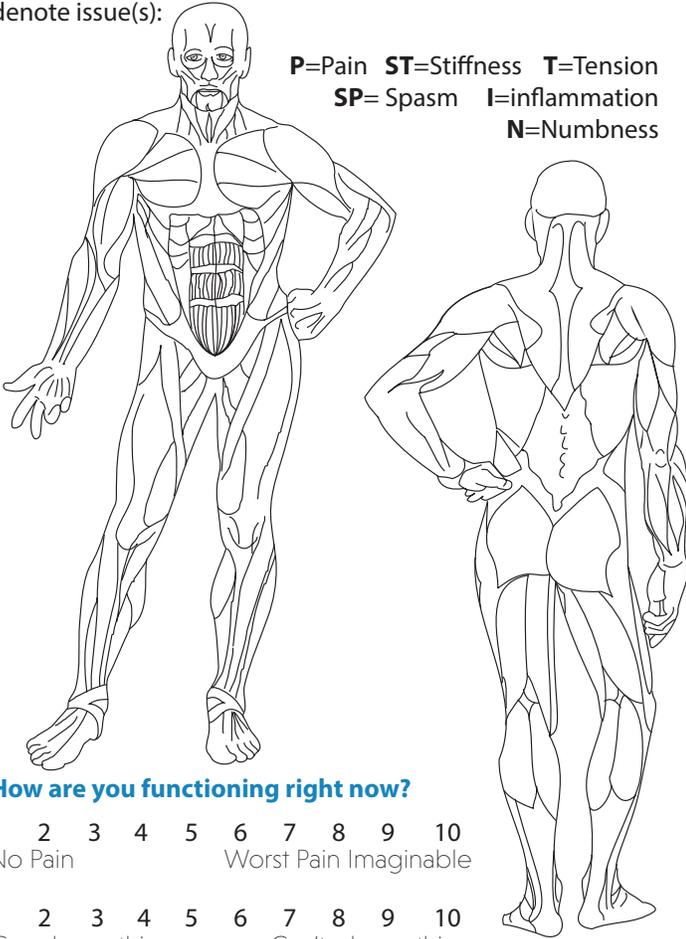
# client agreement & health release form



## How are you feeling right now?

Circle the area of noted sensations and add the following letter to denote issue(s):

**P**=Pain **ST**=Stiffness **T**=Tension  
**SP**= Spasm **I**=inflammation  
**N**=Numbness



## How are you functioning right now?

1 2 3 4 5 6 7 8 9 10  
 No Pain Worst Pain Imaginable

1 2 3 4 5 6 7 8 9 10  
 Can do anything Can't do anything

## contract for care

I will participate fully as a member of my healthcare team. I will make sound choices regarding my sessions' plan based upon the information provided by my massage therapist. I agree to participate in my own self-care programs and adhere to the plan we select. I agree to communicate with my practitioner any time I feel my well-being is being compromised. I expect my practitioner to provide safe and effective treatment to the best of his or her skills and knowledge.

I authorize and direct payment of medical benefits to my massage therapist, Blaire Hall LMT for services billed.

signature \_\_\_\_\_ date \_\_\_\_\_

signature of parent or legal guardian (if client if a minor) \_\_\_\_\_

## client agreement

It is my choice to receive massage therapy. I am aware of the benefits and risks of massage and give my consent for massage. I understand that there is no implied or stated guarantee of success of effectiveness of individual techniques or series of appointments. I acknowledge that massage therapy is not a substitute for medical care, medical examination or diagnosis. I have stated all medical conditions that I am aware of and will inform my practitioner of any changes in my health status. I understand that the American Massage Therapy Association® has provided this form as a reference and is not held liable for any services provided.

signature \_\_\_\_\_ date \_\_\_\_\_

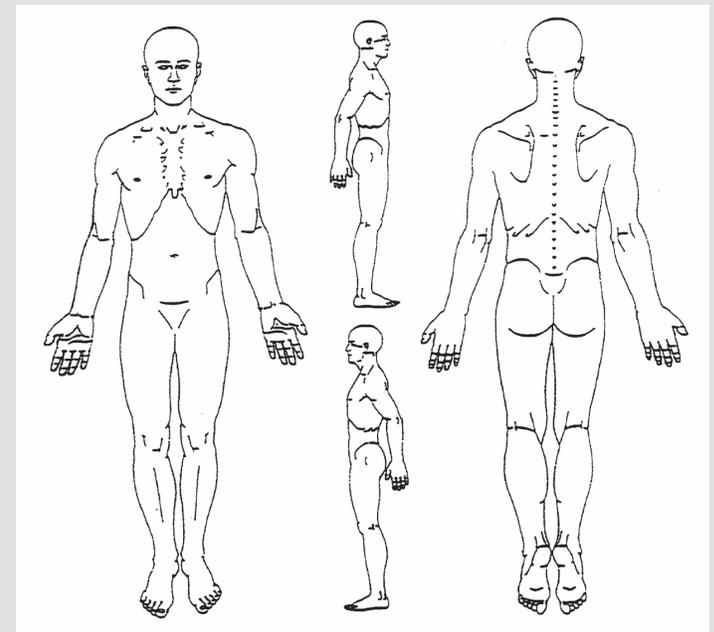
session type \_\_\_\_\_ pillow(s) \_\_\_\_\_

**S** (Subjective) Client symptoms and information given by referring healthcare provider and by client.

**O** (Objective) Clinical observations derived from interview, palpation, visual exam and posture assessment.

**A** (Assessment/Application) Treatment used and client response to treatment. Treatment options,

**P** (Plan of Treatment) recommendations and self-care plan.



- ✕ Adhesion
- ↻ Rotation
- Pain
- Tender Point
- ≡ Hypertonicity
- ≈ Spasm
- ⚙ Inflammation
- ⤿ Trigger point
- / Elevation



## What can you expect?

It is the primary goal of The Happy Lyon to aid in the healing and well-being of each client. All actions and approaches are done in an attempt to be cognizant and considerate of the physical, mental and emotional status of each client at each massage session.

The Happy Lyon only offers massage services in modalities for which the practitioner has been trained and/or has licensing to administer. This includes, but is not limited to: Swedish, Deep Tissue, Hot Stone, Area Specific Specialty Massages, Reiki, and application of heat treatments. More modalities will be added as they become available. The Happy Lyon abides by the statutes set forth by the Montana Board of Massage Therapy. Massage does not substitute for medical care, medical examination or diagnosis. Massage professionals are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness. Nothing said in the course of any session given should be construed as such.

There are many great benefits to massage, but massage is not suited for all persons. When a particular massage or modality is not in the best interest of the client, the therapist will inform the client and offer alternatives that are better suited to the client's personal situation. It is imperative that the client-therapist relationship be open and honest, to allow for the best relaxation, healing and recovery during a session. The Happy Lyon will make every effort to keep the lines of communication open and honest, and as a client The Happy Lyon asks that you reciprocate.

During your massage session you can expect to be treated with respect, given clear, concise directions and have your responses attended as appropriate. For massage sessions, you will be given directions for disrobing once the therapist has left and directions as to how to position yourself on the table prior to the therapist returning to the room. You should expect to be draped in a manner that makes you feel secure, appropriately covered and unnecessarily exposed. All massage sessions will have a clear beginning and ending time and services performed will be discussed prior to, and again during the session as needed.

### PRIVACY POLICIES:

The Happy Lyon abides by HIPPA regulations and maintains privacy for it's massage clients with personal information not regulated by HIPPA. The Happy Lyon does not sell your information to anyone.

### FEES:

Session fees can change frequently and should be reviewed prior to receiving service, at each session.

### CANCELLATION POLICY:

24 hours advance notice is requested when canceling an appointment. This allows the opportunity for someone else to schedule an appointment. If you are unable to give at least 12 hours advance notice, you will be charged the full amount of your appointment. This amount must be paid prior to your next scheduled appointment.

**No-shows:** Anyone who either forgets or consciously chooses to forego their appointment for whatever reason will be considered a "no-show" and will be charged for their missed appointment.

**Late Arrivals:** If you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, there may not be enough time remaining to start a treatment. Regardless of the length of the treatment actually given, you will be responsible for the full session. Please plan accordingly and be on time.

\_\_\_\_\_  
client name printed date

\_\_\_\_\_  
client or parent/legal guardian signature date

\_\_\_\_\_  
parent/legal guardian (if under 18) date