

**Minor Client Intake Form**

**Personal Information**

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Driver License Number \_\_\_\_\_ Email \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_

**Medical Information**

Current medications \_\_\_\_\_  
\_\_\_\_\_  
Surgical history \_\_\_\_\_  
\_\_\_\_\_  
Orthopedic injuries \_\_\_\_\_

Please indicate any past and/or current medical conditions:

- |                                       |  |                                       |  |
|---------------------------------------|--|---------------------------------------|--|
| <input type="checkbox"/> Cancer       | <input type="checkbox"/> Headache/Migraines      | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Arthritis       |
| <input type="checkbox"/> Heart attack | <input type="checkbox"/> Joint replacement       | <input type="checkbox"/> Blood clots  | <input type="checkbox"/> Diabetes        |
| <input type="checkbox"/> Neuropathy   | <input type="checkbox"/> High/low blood pressure | <input type="checkbox"/> Neuropathy   | <input type="checkbox"/> Sprains/strains |
| <input type="checkbox"/> Stroke       | <input type="checkbox"/> Surgical implants       |                                       |  |

Please elaborate on any conditions above or any other conditions not listed:

\_\_\_\_\_  
\_\_\_\_\_

**Bodywork Information**

Has this minor had a professional massage before?  Yes  No

Are there any areas you do not want massaged? (For example: glutes, pecs, abdomen, etc.)

\_\_\_\_\_

What are your bodywork goals? \_\_\_\_\_

\_\_\_\_\_

**Cancellation Policy**

Morgan Deale LMT charges 100% for same-day cancellations and no-shows. All appointment cancellations must be made before 5pm on the business day prior to your scheduled appointment. Any cancellations made after hours the day before, on the same day, or any missed appointments will incur a charge of 100% of the appointment cost. This fee will be charged to the card the guardian agreed to put on file. In the event that the card on file is expired or cannot be charged, the guardian will be responsible for paying this amount in full before scheduling any further appointments. Initialing here agrees to this policy: \_\_\_\_\_

**Informed consent**

I, \_\_\_\_\_ have chosen to consult with and hereby give consent for massage therapy to be provided for this minor by Morgan Deale. I have provided a detailed medical history. I do not expect the therapist to have foreseen any previous or pre-existing condition that I have not mentioned. I understand that massage may provide benefits for certain conditions but results are not guaranteed. I am aware that the therapist does not diagnose illnesses or prescribe medication. I understand that it is my responsibility to tell the therapist about any discomfort I may experience during the therapy session and understand that the therapy will be adjusted accordingly.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_