

Client Intake Form

Personal Information

Name _____ DOB _____ Phone _____

Address _____

Driver License Number _____ Email _____

Emergency Contact _____ Relationship _____ Phone _____

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		
<input type="checkbox"/> Currently pregnant	If yes, how many weeks? _____		High risk indicators? _____

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

Bodywork Information

Have you had a professional massage before? Yes No

What modalities of massage are you most interested in?

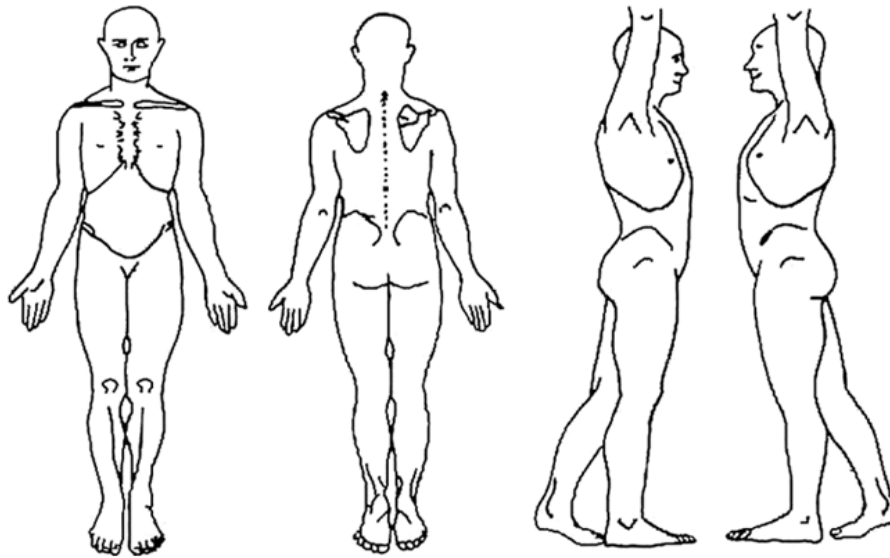
Therapeutic Massage Structural Integration CranioSacral Therapy
 Thai Massage Other: _____

What type of pressure do you generally prefer: Light Medium Deep

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

What are your bodywork goals? _____

Please circle any areas of discomfort:



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 client agreed to put on file. In the event that the card on file is expired or cannot be charged, the client 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 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.

Signature: _____ Date _____