



Touch of Wellness

Massage Therapy Centre

**Client Intake Information**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, Province, Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Occupation: \_\_\_\_\_ Birth Date: \_\_\_\_\_

How did you hear about us? (friend, marketing ads, website, etc.) \_\_\_\_\_

If referred, by whom? \_\_\_\_\_

**Health Information**

What brought you in today? (to relax, back pain, etc.) \_\_\_\_\_

Have you ever received a professional massage/bodywork? Yes No If yes, how recent? \_\_\_\_\_

Are you in good health? Yes/ No Is your blood pressure normal? Yes/ No

Have you had, or do you have any medical condition, serious or chronic illness, surgery, infection, or skin condition? Yes No Please describe:

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

Have you had any broken bones, arthritis, joint problems, spinal disc problems, or traumatic accidents?

Yes No Please describe: \_\_\_\_\_

\_\_\_\_\_

Are you currently under a doctor's, chiropractor's, or other health practitioner's care? Yes / No

If yes, for what conditions(s)? \_\_\_\_\_

Please list any medications: \_\_\_\_\_

Do have allergies or sensitivities? \_\_\_\_\_

Any medical condition or concern not otherwise listed? \_\_\_\_\_

If female, are you pregnant? Yes No If pregnant, what is your due date? \_\_\_\_\_

In case of an emergency, notify: \_\_\_\_\_ Phone: \_\_\_\_\_

**Policies**

Assessment policy: Therapists will take 5 minutes from the session to prepare for a treatment assessment & documentation needed for clinical review.

Cancellation Policy: Kindly give 24 hours notice to change or cancel your appointment to avoid any cancellation fee.

Lateness Policy: You are responsible for full payment for the time as scheduled. If you arrive late, your time may be shortened at your practitioner's discretion, so that the next client may start on time.

Disclaimer/Release: I understand that therapeutic massage/bodywork is a health aid and does not take the place of a doctor's care. If I experience pain or discomfort during the session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.

Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree that my practitioner, Touch of Wellness Studios, and its staff shall not be liable should any injury occur, due to my withholding information, or for any other reason. I agree to keep my current and future practitioners updated as to any changes in my medical profile, and I understand that there shall be no liability on the practitioners' part should I fail to do so. Information exchanged during any therapeutic session is educational in nature and is intended to help me become more familiar and conscious of my own health. It is to be used at my own discretion and is not to be construed as medical advice. I acknowledge that this is a professional environment and the practitioner has the right to terminate the session at any time for any inappropriate behaviour and payment will be due for the full session.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_