



Massage & Bodywork WELLNESS INTAKE FORM

Name _____ DOB _____

E-mail: _____ Phone (____) _____

Emergency contact name: _____ (relationship) _____

Emergency contact phone: _____

Do you have sensitive skin or a skin condition? () Yes () No

If yes, please explain: _____

Do you have any allergies to oils, lotions or fragrances ? () Yes () No

If yes, please explain: _____

List any known allergies: _____

Have you recently had an injury, surgery, or areas of inflammation?

If yes, please explain: _____

Health history or current medical conditions?

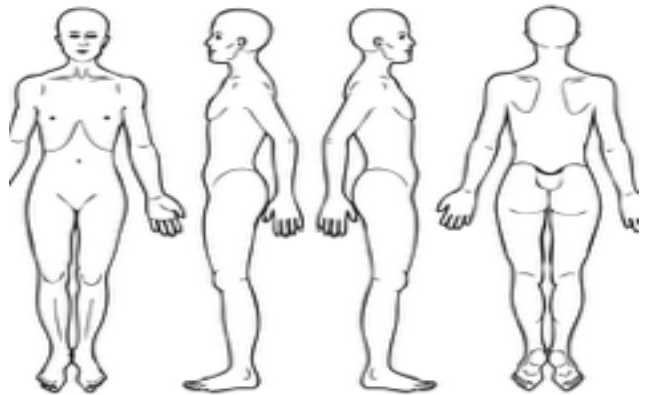
Please list: _____

Have you ever had a professional massage before? () Yes () No

How Long ago? _____

Daily activities affected by stress/pain/other conditions: _____

On diagram please circle areas of concern muscle tension/stiffness/aches/pain/other 



Are you comfortable with having bodywork performed on the following areas:

Gluteal () Y () N	Pectoral Muscles () Y ()	Abdomen () Y ()	Scalp () Y ()	Face () Y () N	Feet () Y () N
---------------------	----------------------------	-------------------	-----------------	------------------	------------------

If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I may experience during or after my session. I understand that the service offered today are not a substitute for medical care. I understand that my therapist do not diagnose, prescribe, or treat physical or mental illness. I affirm that I have notified my therapist of all known medical conditions and injuries. I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so. I understand that massage is entirely therapeutic and nonsexual in nature. By signing this release, I hereby waive and release my therapist from any and all liability, relating to massage therapy and bodywork.

Client signature _____ Today's Date _____

Massage Therapy

SOAP Notes

Client Name _____

Date _____



Subjective Symptoms: Onset / Location / Intensity / Frequency / Aggravating Factors

Objective Findings: Visual / Palpable / Test Results



Assessment Goals: Long Term / Short Term

Plan: Future Treatment / Frequency / Self-Care

Signature _____