

**Massage Intake Form**  
**Kori Stavig, LMT**  
 10224 SW Park Way, Suite A  
 Portland, Or 97225

Name: \_\_\_\_\_

DOB: \_\_/\_\_/\_\_\_\_

Phone (day): (\_\_\_\_) \_\_\_\_\_ Occupation: \_\_\_\_\_

**Medical Information**

Are you taking any medications?  No  Yes  
 if yes, please list name and use \_\_\_\_\_

Are you currently pregnant?  No  Yes, Mos \_\_\_\_\_  
 Any high risk factors? \_\_\_\_\_

Do you suffer from chronic pain?  No  Yes  
 if yes, please explain \_\_\_\_\_

what makes it better? \_\_\_\_\_

What makes it worse? \_\_\_\_\_

Have you had any orthopedic injuries?  No  Yes  
 if yes, please list: \_\_\_\_\_

Have you had any auto accident injuries?  No  Yes  
 if yes, please explain: \_\_\_\_\_

Any past or recent surgeries?  No  Yes  
 if yes, please explain \_\_\_\_\_

Please check any of the following that apply to you.

- Cancer
- Arthritis
- Diabetes
- Joint Replacement(s)
- High/Low Blood Pressure
- Neuropathy
- Fibromyalgia
- Stroke
- Heart Attack
- Kidney Dysfunction
- Blood Clots
- Numbness
- Sprains or Strains

Explain any condition you have marked above:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Massage Information**

Have you had a professional massage before?  No  Yes

What type of massage are you seeking?  
 Relaxation  Therapeutic/Deep Tissue  
 Other \_\_\_\_\_

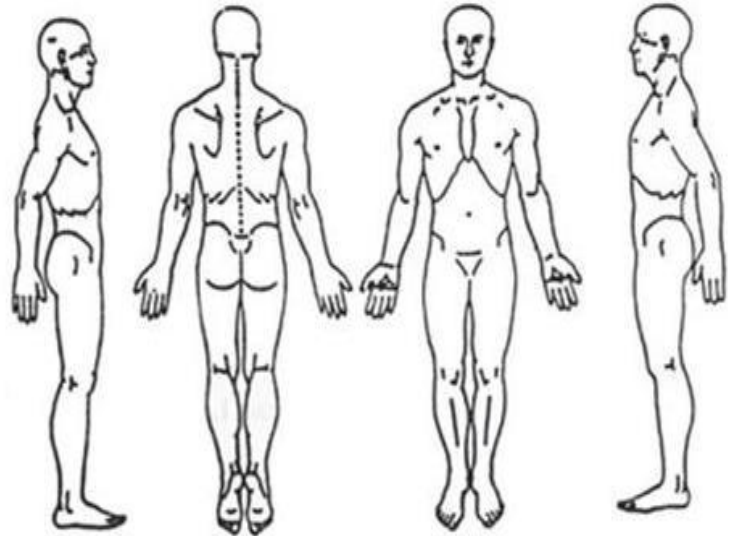
What pressure do you prefer?  
 Light  Medium  Deep

Do you have any allergies or sensitivities?  No  Yes  
 Please explain \_\_\_\_\_

Are there any areas (feet, face, abdomen, etc.) you do not  
 want massaged?  No  Yes  
 Please explain \_\_\_\_\_

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

Please circle any areas of discomfort.



By signing below you agree to the following.  
 I have completed this form to the best of my ability and  
 knowledge and agree to inform my therapist if any of the above  
 information changes at any time.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_

**Total Health Wellness Center  
Massage**  
10224 SW Park Way, Suite A  
Portland, Or 97225  
503.297.1174  
www.totalhealthwc.com

**Late Arrival Policy**

We request that you arrive 5-10 minutes prior to your appointment time to allow time to fill out any required paperwork as well as answer any intake questions your therapist may have. We understand that issues can arise that may cause you to be late for your appointment. However, we ask that you call to inform us if this ever occurs so we can do our best to accommodate you. Appointment times are reserved for each client, so oftentimes we cannot exceed that reserved time without making the next client late. For this reason, arriving after your appointment time may result in loss of time from your massage so that your session ends at the scheduled time. In the event that time is removed from your appointment we will charge accordingly. In return we will do our best to be on time, and if we are unable to do so we will add time to your session to make up for our late arrival or adjust the service charge accordingly.

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Client Code of Conduct**

Massage therapy is for relaxation and therapeutic purposes only. There is absolutely no sexual component to massage whatsoever. Any insinuation, joke, gesture, conversation, or request otherwise will result in immediate termination of your session and a refusal of any and all services in the future. You will be charged the full service fee regardless of the length of your session. Please treat your therapist with respect and dignity and you will be treated the same in return.

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_