

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 _____

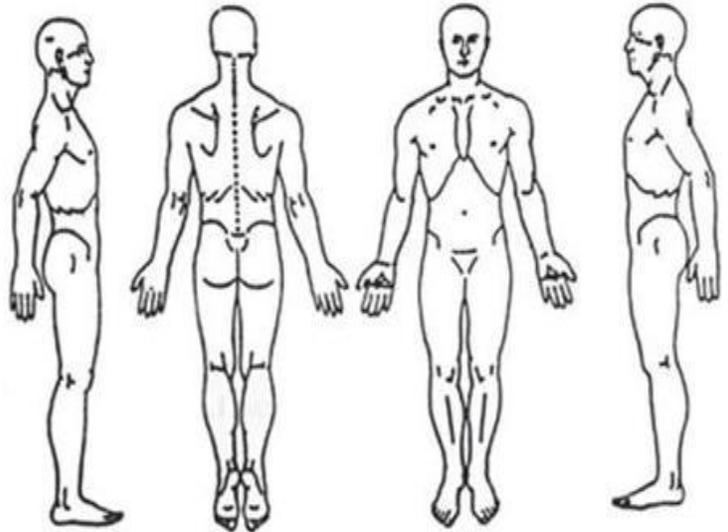
What pressure do you prefer?
 Light Medium Deep

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** _____