Altruistic
THERAPY SERVICES

You can pay by check, cash or online at www.altruisticsls.com

Please make all checks payable to Altruistic Therapy Services

Tips are not expected but are appreciated and are to be paid separate and directly to the therapist.

Client Intake Form – Therapeutic Massage

Personal Information:

Name_____Phone (Day)_____Phone (Eve) _____

Address_____

City/State/Zip_____

email_____Date of Birth_____Occupation _____

Emergency Contact_____Phone _____

The following information will be used to help plan safe and effective massage sessions.
Please answer the questions to the best of your knowledge.

Date of Initial Visit _____

1. Have you had a professional massage before? Yes No

   If yes, how often do you receive massage therapy? _____

2. Do you have any difficulty lying on your front, back, or side? Yes No

   If yes, please explain _____

3. Do you have any allergies to oils, lotions, or ointments? Yes No

   If yes, please explain _____

4. Do you have sensitive skin? Yes No

5. Are you wearing contact lenses ( ) dentures ( ) a hearing aid ( ) ?

6. Do you sit for long hours at a workstation, computer, or driving? Yes No

   If yes, please describe _____

7. Do you perform any repetitive movement in your work, sports, or hobby? Yes No

   If yes, please describe _____

8. Do you experience stress in your work, family, or other aspect of your life? Yes No

   If yes, how do you think it has affected your health?

   muscle tension ( ) anxiety ( ) insomnia ( ) irritability ( ) other _____

9. Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort? Yes No

   If yes, please identify _____

10. Do you have any particular goals in mind for this massage session? Yes No

    If yes, please explain _____

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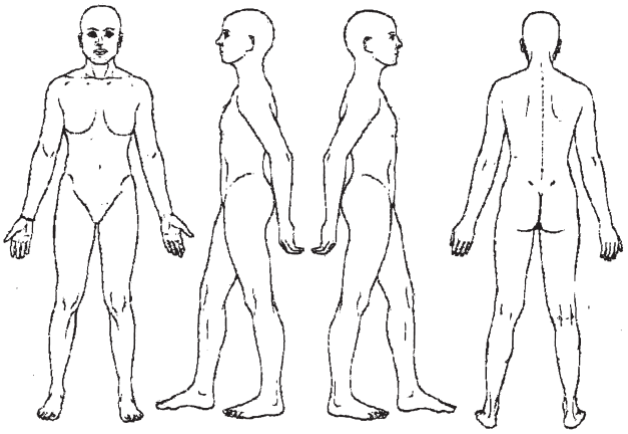
Circle any specific areas you would like the massage therapist to concentrate on during the session:



Medical History

In order to plan a massage session that is safe and effective, I need some general information about your medical history.

11. Are you currently under medical supervision? Yes No
    If yes, please explain _____
12. Do you see a chiropractor? Yes No If yes, how often? _____
13. Are you currently taking any medication? Yes No
    If yes, please list _____
14. Please check any condition listed below that applies to you:

( ) contagious skin condition	( ) phlebitis
( ) open sores or wounds	( ) deep vein thrombosis/blood clots
( ) easy bruising	( ) joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis
( ) recent accident or injury	( ) osteoporosis
( ) recent fracture	( ) epilepsy
( ) recent surgery	( ) headaches/migraines
( ) artificial joint	( ) cancer
( ) sprains/strains	( ) diabetes
( ) current fever	( ) decreased sensation
( ) swollen glands	( ) back/neck problems
( ) allergies/sensitivity	( ) Fibromyalgia
( ) heart condition	( ) TMJ
( ) high or low blood pressure	( ) carpal tunnel syndrome
( ) circulatory disorder	( ) tennis elbow
( ) varicose veins	( ) pregnancy If yes, how many months?
( ) atherosclerosis	

Please explain any condition that you have marked above _____

_____

_____

15. Is there anything else about your health history that you think would be useful for your massage practitioner to know to plan a safe and effective massage session for you? _____

_____

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Draping will be used during the session – only the area being worked on will be uncovered.
Clients under the age of 17 must be accompanied by a parent or legal guardian during the entire session.
Informed written consent must be provided by parent or legal guardian for any client under the age of 17.

I,_____(print name) understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage 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 to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

For your comfort, please note the following:

Tipping: Tips are appreciated but never expected. Please know that **tips should be paid separate and directly to the therapist.**

Cancellations

We understand things happen that are sometimes unavoidable. We will allow a one-time courtesy cancellation of less than 48 hours. After that, any cancellations less than 48 hours will result in a 50$ cancellation fee billed to you regardless of the reason and to be paid before your next session. PLEASE INITIAL_____

Schedules: We will strive to work around your schedule to the best of our ability and availability.

Pressure: We will strive to use appropriate pressure to encourage muscle and tissue blood flow, relaxation and improved range of motion. We do not know what is painful or not as it varies from client to client. Please be open and honest at all times and we will adjust as needed.

Technique: If you would like us to focus on a certain area, please let us know. This may make it difficult for us to get around to a full body or focus long enough on other areas. But if there is something you want to make sure gets attention (scalp, hands, feet, face, etc..) please let us know and we will work it into our treatment. If there is a technique that you feel is not for you, then please communicate with us.

Massage fatigue and flu like symptoms: Please take your time after massage as you can feel weak and fatigued. Sometime a massage can produce flu like symptoms which may be delayed. Please rest and

drink plenty of water.

Lighting: Our rooms are designed to be relaxing and lighting can always be adjusted. Please let us know and we will do everything possible to accommodate you.

Music: You can decide on what kind of music you would like to listen to. If you do not want music, please let us know. Otherwise, we will find relaxing music for you.

Thank you.

Signature of client_____ Date _____

Signature of massage therapist_____ Date _____