



New Client Intake Form (Massage)

Today's Date: _____

CLIENT NAME (please print): _____

Male Female

DATE OF BIRTH: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBERS: _____

EMAIL: _____

EMERGENCY CONTACT NAME & RELATIONSHIP: _____

PHONE NUMBER(S) OF EMERGENCY CONTACT: _____

In case of a medical emergency while at Mindful Body & Soul, please accurately answer the following questions concerning your chronic conditions, injuries, and medications taken. The more detail you provide the greater chance of a successful outcome, if needed.

Please review the following carefully. Answer the questions fully and place a check in the box to any condition that applies to you and add other pertinent information. Feel free to use the back of this form if necessary.

Have you had massages, bodywork/treatments before?
 Yes No

Are you taking any blood-thinning medication?
 Yes No

Do you wear contact lenses?
 Yes No

Are you taking any sensation-altering medication?
 Yes No

Do you wear dentures?
 Yes No

Do you have a tendency to bruise easily?
 Yes No

Are you currently under a physician's care?
 Yes No

Have you recently been exposed to a communicable disease?
 Yes No

Are you taking any blood-clotting medication?
 Yes No

Do you have any recent injuries? Yes No

If so, please explain: _____

Please list the areas you wish to focus on: _____

Please list the areas you wish not to have focused on: _____

Please circle any of the following medical conditions/symptoms that you have experienced in the last year:

- | | | |
|---------------------|----------------------|---------------------------|
| Heart Disease | Surgery | Immunity Related Disorder |
| High Blood Pressure | Herpes Simplex | Insomnia |
| Hospitalization | Whiplash | Hypertension |
| Hepatitis | Asthma | Migraines |
| Carpel Tunnel | Angina | Contagious Disease |
| Sciatica | Phlebitis/Thrombosis | Pregnancy |
| Stroke | Fibromyalgia | Repetitive Strain Injury |
| Varicose Veins | Disc Problems | |
- Other: Please describe _____
-

Specific Medical Conditions

For your safety, our therapists must be aware of all medical conditions for which you have been diagnosed. Massages, bodywork/treatments may impact your health.

Arthritis Yes No Please describe _____

Cancer or Tumors Yes No Please describe _____

Cardiovascular Disease Yes No Please describe _____

Please list any of the following that apply to you: Anemia, Angina, Atherosclerosis, Hemophilia, Congestive Heart Failure, Heart Attack, Heart Murmur, Hypertension, High Blood Pressure, Varicose or Spider Veins, Other

Diabetes Yes No Please describe _____

Kidney or Liver Disease Yes No Please describe _____

Respiratory or Lung Condition Yes No Please describe _____

Skin Conditions Yes No Please describe _____

Please list any of the following that apply to you: Acne, Abrasions/Cuts, Birthmarks/Moles, Warts, Bruises, Dermatitis, Eczema, Herpes, Hives, Poison Ivy/Oak/Sumac, Psoriasis, Skin Tags, Sunburn, Other

I, (please print) _____, hereby agree to the following:

1. That I have completed the client intake form (health form) to the best of my knowledge. I understand that Massage, Craniosacral, Reiki, Acupuncture, Homeopathy Therapy and all Mindful Body & Soul LLC (MBS) services are a therapeutic health aid and are non-sexual. I understand that these therapies do not diagnose illness or disease and that the therapists do not prescribe medical treatment or pharmaceuticals, or are spinal manipulations part of massage therapy.
2. I understand that these therapies are not substitutes for medical examination or medical care, and that it is recommended that I am concurrently working with my primary caregiver for any condition I may have.
3. If I am not able to make a scheduled appointment, I agree to cancel the appointment 24 hours in advance by phone or online, unless I have an emergency, in which case I will call ASAP to reschedule my appointment. If I miss a scheduled appointment without giving 24 hours notice, I agree to pay any missed appointment charge applicable.
4. I have stated all my known physical conditions, medical conditions and medications and I will keep the MBS therapists and instructors updated of any changes.
5. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in services at MBS. I represent and warrant that I am physically fit and I have no medical conditions which would prevent my full participation in Pilates, Yoga or other exercise classes, health programs, workshops or therapeutic services such as massage, craniosacral massage, or reiki.
6. In consideration of being permitted to participate or receiving services, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program or receiving any services.
7. In further consideration of being permitted to participate in Pilates and/or Yoga or other exercise classes, as well as receive any of the aforementioned services provided by MBS, I knowingly, voluntarily and expressly waive any claim I may have against MBS for injury or damages that I may sustain as a result of participating in the program or receiving of any services.
8. I, and my heirs or legal representatives, forever release, waive, discharge and covenant not to sue Mindful Body & Soul LLC or any company within, for injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to terms and conditions listed above.

Date _____ Signature of Participant _____

Witnessed by: _____ (Guardian's signature if under 18 – MUST BE PRESENT)
Signature and Printed Name

MBS Initials _____

Please take a moment to read and initial all of the following statements:

_____ 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 experience during or after the session.

_____ I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, 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 fail to do so.

_____ I understand that massage is entirely therapeutic and non-sexual in nature.

_____ By signing this release, I hereby waive and release my therapist from any and all liability, past, present and future relating to massage therapy and bodywork.

_____ I understand that should I cancel an appointment less than 24 hours before the scheduled time or "no show" an appointment, I am subject to a missed appointment fee that could be equal to the cost of the scheduled service. This fee is monetary and cannot be taken as an additional "punch" off a massage package. If the appointment was booked under a gift certificate, it will be voided in lieu of the fee.

INFORMATION AND SUGGESTIONS

*Prior to your massage, please remove contact lenses and all jewelry. Pull long hair back with a clip or band.

*In general, massage is given while you are unclothed. However, you may choose to wear undergarments or a swimsuit. You will be covered with a top sheet throughout your session. This is your massage and you should be as comfortable as possible.

*Feel free to ask your therapist any questions before, during or after the session. Your therapist is a highly trained professional and will be happy to make you feel informed and comfortable.

*Yes, our massage therapists accept tips and we thank you for expressing your appreciation to them in this way.

If you wish to opt out Mindful Body and Soul using any pictures for social medial, marketing and advertising, please check Yes. Yes

How did you hear about Mindful Body & Soul?

Patron Teacher Ad Web Search Medical Referral

Other: _____

If a patron or referral, whom may we thank for sending you? _____

If from an advertisement, please let us know which one: _____