

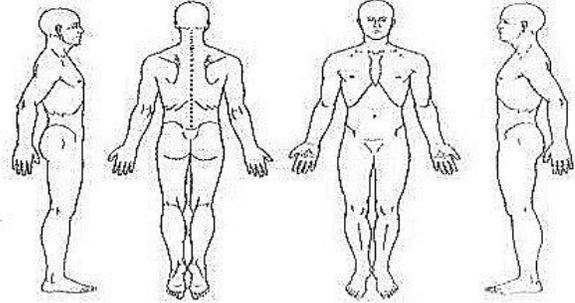


Massage Therapy Intake Form

At Refresh, we are dedicated to supporting your health and wellness. In order to help us give you the best possible service, please complete the following.

Name: _____ Date: _____

Primary complaint/pain:



On the diagram, please circle the areas which are bothering you →

Please circle if currently receiving/ever had:
Massage Therapy / Physiotherapy / Chiropractic / Other
If Other, please explain: _____

Please briefly describe your typical daily activities (e.g. sitting for long periods/running, etc.)
Occupation/Work activities: _____
Home: _____
Recreational: _____

How many glasses of water do you drink/day? _____ How many hours do you sleep/night? _____

Please list all medications you are currently taking, including over the counter drugs, vitamins, herbs and supplements:

Always inform us of any change in your medical history and/or medications.

Please briefly describe your health history, including dates of treatments received:
Surgeries: _____
Accidents/Injuries: _____
Major illnesses: _____
Conditions currently being treated: _____

Do you have any pins or rods? Yes / No

Please check all that apply:

- Arthritis Cold/Flu Hearing Loss Tinnitus
- Asthma Diabetes Heart Attack/Stroke Skin irritations/Infections
- Bronchitis Emphysema High/Low Blood Pressure Vision Loss
- Cancer Epilepsy Loss of Sensation and location: _____

Do you have any allergies? Yes / No If yes, please list: _____

Are you or is there a chance you could currently be pregnant? Yes / No
If so, how many months along are you? * _____
(*At Refresh, we offer pregnancy massages for women **past** their 1st trimester)



Registered Massage Therapist Consent Form

I hereby request and consent to the service of massage therapy treatment and other massage procedures, including various modes of remedial exercise and hydrotherapy, on me by the registered massage therapist.

I understand that I will have an opportunity to discuss with the massage therapist and/or with other office or clinic personnel, the nature of massage therapy treatment and other procedures. I understand the results may not be guaranteed.

I am informed that, as in all health care, in the practice of massage therapy there are some very slight risks to treatment, including, but not limited to, muscle strains and sprains, bruising, light-headed or dizziness, and tenderness. I do not expect the massage therapist to be able to anticipate and explain all risks and complications and wish to rely on the massage therapist to exercise judgment during the course of the treatment which the massage therapist feels at the time, based upon the facts then known, and is in my best interest.

I understand that I will be draped at all times and the areas undraped will be secure to ensure there is no indecent exposure. If undraping my gluteals is significant in the treatment, I do understand that it is part of the therapy.

I am informed that I have the right to terminate the treatment at any time, and the right to alter the therapist's pressure during the massage treatment. I am aware there are further alternatives offered at Refresh, such as chiropractic treatment and physiotherapy. I am also aware that hot stone treatments or cupping may leave temporary red marks or bruising.

I have read the above consent. I have also had an opportunity to ask questions about its content, and by signing below, I agree to the above named procedures. I intend this consent form to cover the entire course of the treatment for my present condition and for any future condition(s) for which I seek treatment.

I also deem the answers I supplied, which are relevant to my health history, are true and accurate, and I have asked for clarification on any questions I did not understand.

Signature: _____ **Date:** _____