



Lisa Gilmour - Massage Client Intake Form

Name _____

Email _____

Address _____ City, Province, postal

Phone: Home _____ Work _____ Cell _____

Birthday ___/___/___ Occupation _____

Referred to This Office By _____ In Case of Emergency Please Contact

_____ Phone _____

General and Medical Information

Have you ever had a professional massage? Y N, If yes, how often? _____

Are you pregnant? Y N, If yes, how far along are you? _____

Are you sensitive to touch/pressure in any area? (ticklish?) _____

Are you allergic or sensitive to any oils (essential oils, nut oils, scents)? If yes, please list: _____

List of current medications and reason: _____

List of surgeries (type and date): _____

Indicate Areas of Pain/Tension: _____

On a scale from 1-10, 10=highest, rate your levels of: Stress ___ ___ Pain ___ ___ Energy ___

How did your symptoms begin and when did they start?

_____ What have you done for relief? _____ Is the condition getting better/worse?

Please check all that apply:

Skin condition-rash, warts, hives, skin cancer, other _____

Lymphatic condition-swollen gland, nasal congestion, lymph edema _____

Joint problems/stiffness-arthritis, sacroiliac problems, TMJ, other _____

Bone Condition-osteoporosis, fracture, other _____

Headaches _____

Recent injury or accident-whiplash, sprain, bruise, other _____

Circulatory Condition-high blood pressure, varicose veins, blood clots _____

Numbness/Tingling, Sciatica Tendonitis, Bursitis _____

Diabetes _____



Massage Client Waiver Form

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 forget 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 fee up to the equal cost of the missed appointment. 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. You will be covered with a sheet and blanket 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.

Client name: _____

Client signature: _____

Date: _____

Therapist signature: _____

Date: _____