

MASSAGE THERAPY CLIENT INTAKE FORM

| Nicin | rived: _ | Date: | Home Phone: | |
|---------------------|----------|--|--|--|
| Aidio | dress. | | Cell Phone: | |
| City:State:Zip: | | | Work Phone: | |
| EMic | all Aid | didness: | | |
| Wox | ild y | ou like to receive Marchese Sports Therapy Newsk | etters & Discount Emails? Yes No | |
| 000 | cupo | ation: | Birth date: | |
| in C | Ose | of Emergency: | Phone: | |
| | | ou ever received a Professional Therapeutic Massa I you hear about us? Referral (who) | ge? Yes No How Recently? | |
| MEDICAL INFORMATION | | | Please Indicate the areas of Pain and Muscle Tension | |
| | | Do you have High Blood Pressure? | Aching-XXX Burning-### Numbness-7?? Pins/Needles-OOO | |
| | | Do you have Cardiac/Circulatory problems? | | |
| | | Do you suffer from Arthritis? | | |
| | | Do you have Osteoporosis? | | |
| | | Do You suffer from Epilepsy/Seizures? | //) ((\ //) | |
| | | Do you have frequent Head aches or Migraines | J27 - VA J27 | |
| | | Do you have an Allergies? (seasonal/food) | 20 105 20 | |
| | | Do you Bruise Easily? | \ 0 / \ 0 | |
| | | Are you taking Any Medications? (please List) | | |
| | | Have you had any broken bones, suffered any injuries or been in an | | |
| | | accident in the past 2 years? | 44 | |
| | | Are you sensitive to touch or pressure in any area | 357 | |
| 100 | CO. | Do you have any other medical conditions that y | ve should know about? | |

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW

I understand that:

- Massage is for the basic purpose of relaxation and relief of muscle tension.
- Massage Therapists are not qualified to diagnose, prescribe or treat any physical or mental illness.
- Massage should not be performed under certain medical conditions.
- I affirm that I have stated all known medical conditions and will update any changes in my profile.
- I will inform the therapist to adjust the pressure if i'm experiencing any pain or discomfort during the session.
- I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session and I will be liable for full payment of the service.
- I agree to the 12 Hour "Short Notice" cancellation policy. I understand that I will be charged a Fee of \$35 for a cancellation of less than 12 hours notice and if I do not show up for my scheduled appointment. I will be charged the full amount of the session.

| SIGNATURE: | DATE: |
|-------------|--------------|
| orontenone. | - SPO-51-6-1 |

Massage Envy Intake Form

DJ Losen

Massage Envy Intake Form:

Whispering the Techniques of Language: An Mental Quest through Massage Envy Intake Form

In a digitally-driven earth where displays reign great and instant communication drowns out the subtleties of language, the profound techniques and mental subtleties hidden within phrases usually move unheard. Yet, located within the pages of **Massage Envy Intake Form** a charming literary prize pulsing with raw thoughts, lies an extraordinary quest waiting to be undertaken. Penned by a skilled wordsmith, this marvelous opus invites viewers on an introspective journey, delicately unraveling the veiled truths and profound impact resonating within ab muscles fabric of each word. Within the psychological depths of the touching evaluation, we can embark upon a honest exploration of the book is primary themes, dissect its charming publishing type, and yield to the strong resonance it evokes heavy within the recesses of readers hearts.

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