



Massage Intake Form

Date _____

GENERAL INFORMATION

Name _____ Birthday _____

Address _____ City _____ State _____

Phone _____ Email _____

Emergency Contact & Phone _____

Name of Physician & Phone _____

How did you hear about Soothing Oak Massage & Wellness Studio?

MEDICAL HISTORY

Have you been in an accident? ☐ yes ☐ no If so, when did the accident occur? _____

Are you taking *any* medications? ☐ yes ☐ no

If yes, please list name and use:

Are you currently pregnant? ☐ yes ☐ no If yes, how far along? _____

Any high-risk factors? _____

Do you suffer from chronic pain? ☐ yes ☐ no

If yes, please explain:

What makes it better for you?

What makes it worse?

Have you had any orthopedic injuries? ☐ yes ☐ no If yes, please list: _____

Please check any of the following that apply to you, *past AND present*:

- ☐ High Blood Pressure ☐ Diabetes ☐ Heart Complications ☐ Circulatory Issues
☐ Implants or medical monitoring devices ☐ Pregnancy ☐ Stroke ☐ Cancer ☐ Seizures
☐ Neuropathy ☐ Herpes ☐ Hepatitis ☐ HIV/AIDS ☐ Gastrointestinal/Stomach/Digestion Issues
☐ Depression ☐ Anxiety ☐ PTSD ☐ Any Break, Strain or Sprain ☐ Spinal Complications ☐ Arthritis
☐ Joint Replacements ☐ Fibromyalgia ☐ Headaches & Migraines ☐ Insomnia
☐ Nutritional Deficiency ☐ Kidney Dysfunction

FRONT & BACK SIDES



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Please list any other medical conditions that may not have been listed on this form:

MASSAGE INFORMATION

Have you received professional massage before? ☐ Yes ☐ No Date of last massage _____

Did you enjoy your last massage? Why or why not? _____

Please check all that apply to the massage that you're seeking today:

- ☐ Relaxation ☐ Therapeutic/Deep ☐ Specific Issue/Target Area ☐ Pre/Post Sporting Event ☐ Full Body
☐ Partial Body/Area of Focus Only ☐ Mental Wellness & Stress Reduction ☐ Energy Work
☐ Other : _____

What makes a "good" massage for you?

- ☐ Falling Asleep ☐ Working out the "knots" ☐ Soft & Flowy Techniques ☐ Slower Deeper Pressure
☐ Pressure Points & Trigger Points ☐ "Hurts so good" Feeling ☐ Passive & Active Stretching
☐ Other: _____

What is your goal for today's treatment? _____

What is your favorite area to receive massage? _____

Least favorite or area(s) to avoid? (Necessary glute work will only be done with consent.)

Check the following complimentary elements to complete your service today:

- ☐ Hot Towels ☐ Heated Table ☐ Aromatherapy (Consult w/ your therapist)
☐ Topical Pain-Relieving Gel ☐ Ice Pack ☐ Breast Pillow ☐ Extra Bolster
☐ Wedge Pillow (When face up) ☐ Other Specific Need: _____

PLEASE LIST ANY ALLERGIES HERE: _____

*Please note: Your therapist will go over everything with you during the consultation prior to your massage. If you have any questions or ever need to speak up during a massage, please do. We are intuitive in our work however, we do need you to speak up if you're ever uncomfortable. If you need us to adjust the temperature, pressure, music, fan or anything else, please don't hesitate to ask. *This is all about you and your comfort.*

I, _____, agree that the above information is complete and accurate to the best of my knowledge and that I have included all medical conditions and prescriptions. I give consent to receive professional massage therapy and bodywork today. I understand that my LMT is not a doctor and will not be diagnosing or prescribing anything to you today or ever. I agree to notify my LMT of any changes to my medical information in the future. I understand that while massage and bodywork are extremely beneficial and insightful, it does not substitute a proper medical examination by your primary physician. Furthermore, I am aware that massage therapy's effectiveness varies by individual and is not a guaranteed medical procedure or cure. Both the massage therapist & I will remain professional throughout all treatments at Soothing Oak. I understand that both the LMT & myself have the right to end the service at any time. Late cancellations & No-Shows may still be charged due to not being able to fill the time. I understand that if I am late to my appointments, it may run into my massage time if there is a client booked right after.

Client Signature

FRONT & BACK SIDES

Practitioner Signature



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Client Policy Statement & Informed Consent Form

I, _____ have provided complete and detailed medical history to my therapist and agree to inform Soothing Oak of any changes to my medical records in the future. I have also read and understand the following statements and policies:

- 1) **Cancellation Policy:** To cancel or reschedule appointments, it is required to provide Soothing Oak with no less than 5hrs notice. If the appointment time goes unfilled, there will be a cancellation fee of \$15 to cover the time the therapist had set aside and prepared for you. No-shows and appointments cancelled with less than 5hrs notice can & will be charged 100% of the service and any prepaid massage or package can & will be applied towards the missed appointment.
- 2) **Treatment:** The benefits from massage vary according to individuals and their medical conditions. It is not guaranteed to provide a cure or have long-term results. Massage is best received when part of a regular wellness routine including hydration, healthy diet and exercise. The client is welcome to question anything regarding the treatment that they are receiving at any time.
- 3) **Draping:** All clients will always be safely and comfortably draped throughout all services at Soothing Oak Massage & Wellness Studio. The top blanket is for your added comfort but is not required, however the top sheet is required by Florida law. No areas that are not being worked by the therapist will be exposed at any time. The one exception to this rule is if you are receiving sports massage, in which case the therapist may request that you wear appropriate athleticwear as we may integrate active & passive stretching into your service.
- 4) **Safety:** We will always maintain your safety here at Soothing Oak, as well as look out for our own safety. We will always remain respectful and appropriate and we expect the same treatment from our clients. Should the service ever need to be stopped at any time for any reason, it can be ended by the therapist and/or the client. Integrity & safety is our number one priority.
- 5) **Prepaid Services:** All prepaid services will never expire; however, they are nonrefundable. Packages and prepaid services may be transferred to another person with the appropriate communication between client & Soothing Oak. All Massage & Yoga packages are on a monthly basis and will be renewed a month after your first date of purchase, only with your consent. Prepaid massage packages may be shared with up to two family members and have no expiration or monthly renewal requirements.
- 6) **Soothing Oak** is not responsible for any lost, damaged or stolen personal belongings. Please silence your phones and leave anything you don't need locked in your vehicle upon arrival.
- 7) **Coupons & Special Offers:** May not be combined with other offers or used more than the time allowed unless the coupon or offer states otherwise.
- 8) **Credit Cards & Personal Information:** Will never be shared or stored anywhere unsafe. We can save your card in your file, however we DO NOT have access to viewing any sensitive information. We will not give ANY of your information to anyone else.
- 9) **Late Arrivals:** We set our day up to accommodate every client accordingly. Many of our appointments are back-to-back. Please be sure to arrive only 5 minutes prior to your appointment. If you are late, you risk the chance of cutting into your scheduled massage time.

Client Signature & Date

Therapist Signature & Date