

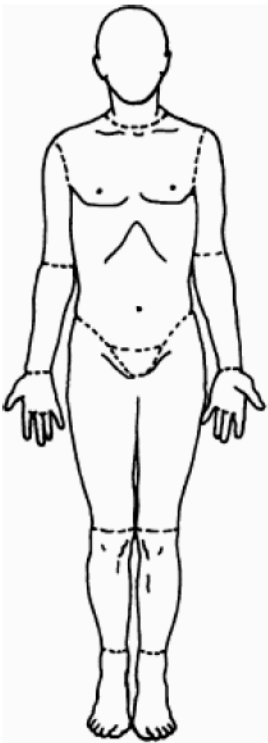
Therapist \_\_\_\_\_

Date: \_\_\_\_\_

**Client Intake Form**

Name:		Home Phone:
Street Address:		Work Phone:
City, State Zip:		Cell Phone:
Email:		
Date of Birth:		Your Occupation:
Emergency Contact:		Phone:
Referred by: (Name of Referee, Flyer, Ad etc.):		
<i>Health / Medical History</i>		
Are you seeing a health care professional?	Comment:	
Date of last visit or checkup:		
Are you taking any prescribed medications?	Comment:	
Are you taking any supplements, herbs, over the counter medications, or known blood thinners?	Comment:	
Do you have any known allergies?	Comment:	
Do you have any prosthetics? (Contacts, hearing aids etc.)	Comment:	
New Conditions (Are you experiencing, or do you have any of the following): Circle all that apply		
Cold / Flu	Burns / Sunburn	Headaches
Fever	Numbness / Tingling	Arthritis / Tendonitis
Infections	Skin Conditions / Warts	Cuts / Bruises
Contagious Conditions	Digestive Disorders	Depression / Anxiety
Possible Pregnancy	New Tattoos / Piercings	Muscular / Skeletal Disorders
Sprains / Strains	Injection Sites	Scars
Have you ever been diagnosed with, or been advised to seek treatment for: Circle all that apply		
High / Low Blood Pressure	Varicose Veins	Osteoporosis
Stroke	Bruising Easily	Disc Disorders
Diabetes / Low Blood Sugar	Lymphatic Conditions	Nerve Disorders
Heart Disease	Kidney / Bladder Conditions	Seizure Disorders
Aneurysm	Cancer	Chronic Respiratory Conditions
Phlebitis / Blood Clots	Liver / Gall Bladder Conditions	Asthma
Anemias / Blood Disorders	Reproductive System Conditions	Chronic Sinus Conditions
Any other conditions not mentioned above?		
Do you typically like a quiet or conversational massage session?		

Have you ever had any:	
Hospitalizations and/or Surgeries	
Accidents and/or Injuries	
Broken and/or Dislocated Bones	
If Yes, Please Explain (Include Dates):	
<i>Massage History</i>	
Have you received therapeutic massage before? If Yes, date of last massage:	
Frequency:	
Likes and/or Dislikes:	
Why did you choose Massage Therapy?	
What do you think is the general condition of your health?	
What hobbies, activities or recreation do you participate in?	
On the following image, please mark any areas that may be of relevance to this massage session.	



Sharp and Stabbing = ++++  
 Dull and Achy = VVVV  
 Pins and Needles = XXXX  
 Numbness = ///



**Please Read, Sign and Initial Below:**

Massage is provided for the basic purpose of relaxation, stress reduction and relief of muscular tension. Massage services (and possibly information exchange) is designed to be a health aid and is in no way meant to take the place of a physician's care.

Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly and I understand that it is my responsibility to keep the massage therapist updated as to any changes in my medical profile.

I also understand that any illicit or sexually suggestive remarks or advances made by me will live scores today match result in immediate termination of the session with full charge for that session.

Payment is due when services are rendered unless other arrangements have been made prior to my appointment (Gift Certificates, Paid in full memberships & autopay).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Appointment Cancellation Policy**

**Life happens:** If you need to miss your hour of BlissBlissBliss, please call or e-mail us (304-413-0270, [staff@theblissblissbliss.com](mailto:staff@theblissblissbliss.com)) as soon as you know that you will miss your scheduled appointment. Your consideration allows us to manage our schedules.

We encourage a 24 hour notice if you cannot keep an appointment.

**Initial Each:**

(\_\_\_\_) \$0 is charged if you call to cancel 24 hours in advance of your appointment.

(\_\_\_\_) The full charge for the scheduled service will be charged if you do not call and you do not show up for your appointment.