

Satisfaction Massage Therapy

2101A Centre Street NW, Calgary, Alberta, T2E 2T2

Telephone: (403) 230-9383

Massage Therapy Client Intake Form

- CONFIDENTIAL INFORMATION

First Name: _____ Last Name: _____ Middle Name: _____

Home Address: _____

City _____ Province: _____ Postal Code: _____ Home Phone: _____

Cell Phone: _____ E-mail Address: _____

Occupation: _____ Date of Birth _____

Massage Coverage details:

Insurance company name: _____ Plan # _____ ID# _____

Are you currently taking any medications? Yes _____ No _____ If yes, please list name and reason for medications:

Are you currently seeing a healthcare professional such as physiotherapist, chiropractor? Yes _____ No _____

If yes, please list names and reason/treatment _____

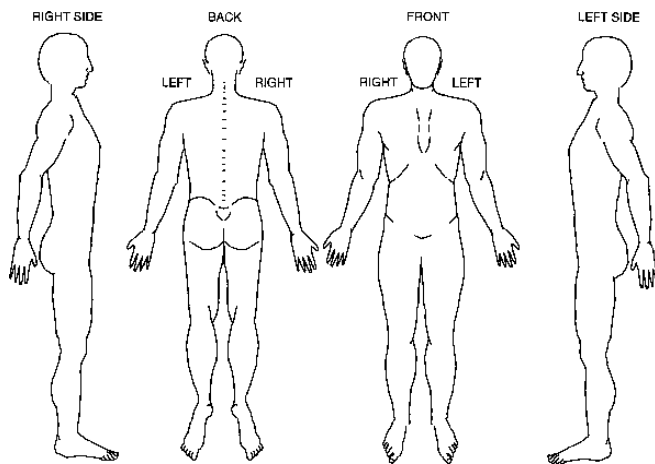
Please mark an (X) by all current and past conditions

Abdominal/
digestive problems
 Allergies
 Arthritis
 Asthma or lung cond.
 Auto-immune condition
 Blood clots
 Bruise easily
 Broken/dislocated bones
 Cancer
 Chronic pain
 Chemical dependency
(alcohol, drugs)
 Constipation/diarrhea

Depression
 Diabetes
 Diverticulitis
 Fatigue
 Headaches
 Hernia
 Heart conditions
 Hepatitis (A, B, C, other)
 High blood pressure
 Insomnia
 Jaw pain/TMJ pain
 Low blood pressure
 Muscle/bone injuries
 Muscle/joint pain

Muscle strain/sprain
 Numbness/tingling
 Pregnant
 Rash/fungus
 Sinus
 Stroke
 Seizures
 Surgery
 Scoliosis
 Spinal disorders
 Tension/stress
 Fibromyalgia
 Varicose veins
 Other

Please indicate (with a circle) on the diagram where you are experiencing any soreness or problems.



INFORMED CONSENT TO MASSAGE THERAPY

1. I have stated all conditions that I am aware of and this information is true and accurate to the best of my knowledge. I will inform the massage therapist if anything changes in my status.
2. I understand that massage I receive is for the purpose of stress reduction and the relief from muscular tension, spasm or pain and to increase circulation. I understand that my massage therapist does not diagnose illness or disease, nor perform any spinal manipulations, and does not prescribe any medications/treatment.
3. Sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature will terminate the session and I will be liable for a payment of the scheduled session.
4. "No Shows" and cancellations made less than 24hrs. prior to appointment time will be billed the full amount of scheduled session. For the consideration of staff and other client, please do not be late for your appointment. In the event you are late, we may be unable to accommodate your complete treatment time.

Client Signature: _____ Date: _____