

Massage By Alexandra

Client Intake Form

Name: _____ Date: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Email: _____

Occupation: _____ Employer: _____

Referred by: _____ Physician: _____

Emergency Contact: _____ Phone: _____

Current Health

Have you ever received massage therapy before? _____ Frequency _____

Reason for today's visit: _____

Areas of pain or tension: _____

Today's primary concern or goal: _____

Current medications (including aspirin, herbs, supplements, etc.) _____

Exercise: _____ Frequency: _____

Stress reductions activities: _____ Frequency: _____

Check any of the following that apply to your current health:

___ heart, circulatory problems ___ pregnancy ___ cancer ___ diabetes

___ blood pressure problems ___ headaches ___ fatigue ___ arthritis

___ asthma or lung conditions ___ depression ___ sinus ___ infections

Explain: _____

Massage By Alexandra

Client Intake Form

(Continued)

Allergies/sensitivities (oils, scents, detergents, foods, animals, etc.) _____

Will you need help getting on/off the table? _____

Previous History

List in chronological order, give dates or ages, and treatment received:

Surgeries: _____

Accidents: _____

Major Illness: _____

Consent for Care

I understand that massage therapy is for the purposes of stress reduction, relief from muscle tension, increasing circulation, and relaxation. I understand that massage therapy does not diagnose illness or disease, or any other disorder, and that the massage therapist does not prescribe medical treatment or pharmaceuticals, nor are spinal manipulations part of massage therapy. I understand that massage therapy is not a substitute for medical examinations or medical care, and that it is recommended that I visit my primary caregiver for any condition I may have. I have stated all medical conditions and medications that I am aware of, and will inform my massage therapist of any changes in my health status.

Print Name: _____

Signature: _____ Date: _____

Massage By Alexandra

Client Intake Form

Client Policies

My requirements of clients:

- 1. Sessions begin and end at scheduled times. Sessions begun late due to the client arriving late end at the appointed time and are full price.*
- 2. Be present (not under the influence of alcohol or drugs).*
- 3. Clients provide a health history and update when necessary.*
- 4. If cancellation is necessary, please give a 24-hour notice or you are charged \$25 for the appointment time unless it can be filled. Emergency cancellations are determined at the therapist's discretion.*
- 5. Payment is expected at the time service is rendered.*
- 6. Sexual harassment is not tolerated. If the therapist's safety feels compromised, the session is stopped immediately, and full payment is expected.*
- 7. This office is a non-smoking environment.*
- 8. Be clean, having showered within 24 hours of the massage.*
- 9. Do not eat a heavy meal less than two hours prior to the massage.*

What my clients can expect from me:

- 1. I provide my clients with a competent and professional session each time they come for an appointment, addressing the client's specific needs for that session.*
- 2. I return calls within 24 hours unless I am out of town.*
- 3. Clients are treated with respect and dignity.*
- 4. I charge a fair price for my services.*
- 5. I accept cash, checks, Mastercard, Discover, and Visa*

Massage By Alexandra

Client Intake Form

6. *I do not provide direct billing for insurance. I will gladly assist clients in filling out the appropriate forms.*
7. *I perform services for which I am qualified (physically and emotionally) and able to do, and refer to appropriate specialists when work is not within my scope of practice and /or not in the client's best interest*
8. *I keep accurate records and review charts before each session.*
9. *I stay current with new information and techniques by reading, receiving regular massages, and attending at least 12 credit hours of continuing education classes per year.*
10. *I respect all clients regardless of age, gender, race, sexual orientation, religion, socio-economic status, body type, political affiliation, and state of health or personal habits.*
11. *Privacy and confidentiality are maintained at all times.*
12. *If I need to cancel an appointment, I do so within 24 hours whenever possible. If an emergency arises and I cannot keep an appointment, I provide a 50% discount off a client's next session.*
13. *My equipment and supplies are clean, safe and sanitary.*
14. *Personal and professional boundaries are respected at all times.*
15. *Clients may return for refund any unused and unopened products (in salable condition) within 10 days of purchase.*
16. *Clients are draped with a sheet at all times during the massage. Only the parts of the body being worked on are exposed at any time. The genitals are never exposed or massaged.*

I have been offered a copy of these policies. I understand them and agree to abide by them.

Print Name: _____

Signature: _____ **Date:** _____