



Adaptive & Therapeutic Massage

www.liveoakmassage.net

Milton • Florida

MM37043 • MA79211

Client Intake Form

Personal Information:

Name: _____ Cell Phone: _____

Email: _____

Date of Birth: _____ Occupation: _____

Please answer the questions to the best of your knowledge.

1. Do you have any allergies or sensitivities to oils, lotions, or ointments? (Circle One) Yes No If yes, please explain:

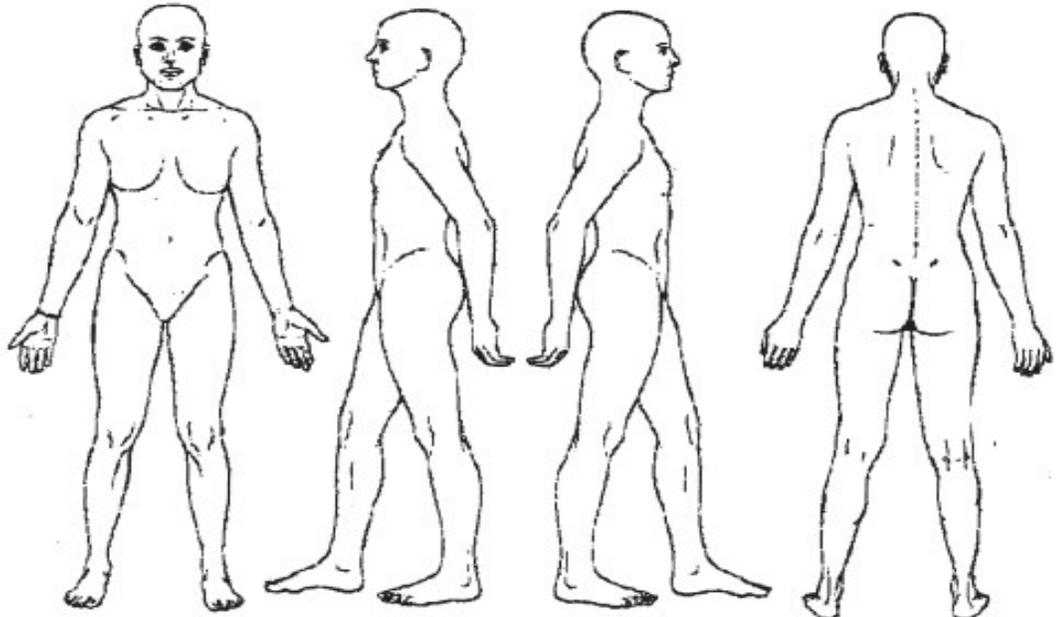
2. Are you sensitive to touch/pressure in any area? (ticklish?) (Circle One) Yes No If yes, please explain:

3. Are there any areas that you **DO NOT** want to be massaged? _____

4. What was your favorite part of your last massage? _____

5. What was your least favorite part of your last massage? _____

6. Circle any specific areas you would like the massage therapist to concentrate on during the session:



Please Continue & Sign on Side 2 →

Medical History

7. Are you currently under a physicians care? (Circle One) Yes No If yes, please explain:

8. Do you see a chiropractor? (Circle One) Yes No If yes, how often?:

9. Are you currently taking any medication? (Circle One) Yes No If yes, please list:

10. Please check any condition listed below that applies to you:

- contagious skin condition: warts, ringworm, athlete's foot, etc.**
 - open sores or wounds**
 - easy bruising
 - recent accident or injury
 - recent fracture
 - recent surgery
 - artificial joint
 - sprains/strains
 - current fever
 - swollen glands
 - allergies/sensitivity (nasal congestion)
 - heart condition
 - high or low blood pressure
 - circulatory disorder
 - deep vein thrombosis/blood clots
 - sciatica
 - Recent injury or accident-whiplash, sprain, bruise, other
 - joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis
 - osteoporosis
 - epilepsy
 - headaches/migraines
 - cancer
 - diabetes
 - decreased sensation
 - back/neck problems
 - Fibromyalgia
 - TMJ
 - carpal tunnel syndrome
 - tennis elbow
 - varicose veins
 - pregnancy
- If yes, how many months? _____
- Any complications? _____

Please explain any condition that you have marked above:

I, (print name) _____ understand that the massage I receive at Live Oak Massage is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. 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. I agree to keep the massage therapist updated as to any changes in my medical profile and understand that there shall be no liability on the massage therapist's or Live Oak Massage's part should I fail to do so. I voluntarily agree to assume all risks, and I release and hold harmless the massage therapist and Live Oak Massage from any claims related thereto. I give my consent to receive treatment from this practitioner.

I understand that should I cancel an appointment less than 24 hours before the scheduled time or "no show" an appointment, I am subject to a fee equal to the cost of the missed appointment. I understand that if I arrive late for an appointment, the session will end at the original scheduled time to prevent penalizing another client.

I understand that the information provided is strictly confidential and will only be used by the massage therapists to provide treatment.

I would would not like this intake form to be made available to other Massage Therapists at Live Oak Massage should I book with them in the future.

Feel free to ask your therapist any questions before, during, or after the session.

Signature of client

Date

How did you hear about us/me?

- Facebook Ad
- Facebook Marketplace
- Instagram Ad
- Instagram Post
- Google Search
- Referred by: _____
- Word of Mouth
- Drive by (saw the sign/building)
- Other. Please share how: _____