Lavender Moon

Massage Therapy

Client Intake Form

PATIENT INFORMATION (Please Print)

Name _____ Middle Initial ___ Maiden Name _____ Date _____
Address _____
Street City State Zip Code

Phone Number _____ Date of Birth _____ Age_____
Email Address _____ Occupation _____

Emergency Contact _____
Name Relationship Phone Number

History

In the past 48 hours, have you experienced fever of 100.1˚ or higher? Yes No
Have you received massage before? Yes No If yes, when was your last massage?_____
Height and weight _____ Do you have sensitive skin? Yes No
Exercise Frequency/Type(s)_____
Do you perform any repetitive movement in your work, sports, or hobby? Yes No If yes, describe _____
_____
Do you sit for long hours at a workstation, computer, or driving? Yes No If yes, describe _____
_____
Do you experience stress in your work, family, or other aspect of your life? Yes No If yes, describe _____
_____
Are you experiencing tension, stiffness, discomfort or pain? Yes No If yes, describe _____
_____
Have you recently had an injury, surgery, or areas of inflammation? Yes No If yes, describe _____
_____
_____
Do you smoke tobacco products? Yes No If yes, how often?_____
Do you have any allergies to lotions, oils or scents? Yes No If yes, describe in detail _____
_____
Do you use smokeless tobacco products? Yes No If yes, what type(s)_____
Do you use alcohol? Yes No If yes, how often?_____
Please list known allergies:_____ _____
_____
_____
_____
_____
Please list any medications you are currently taking, both prescribed and over-the-counter: _____
_____
_____
_____
_____
Please list any surgeries you have had in the past 10 years: _____
_____
_____
_____
_____

Please check all that apply:

☐ Asthma	☐Diabetes	☐ Hemophilia	☐ Pregnancy
☐ Bruising	☐Dizziness	☐ Hernia	☐ Rash Explain _____
☐ Cancer	☐Epilepsy	☐ High Blood Pressure	☐ Sunburn
☐ Cold/Flu	☐Fever	☐ Low Blood Pressure	☐ Varicose Veins
☐ Depression	☐Heart Disease	☐ Musculoskeletal	☐ Other _____

_____

_____

What is your major complaint today? _____

What is your desired outcome? ☐ Relief ☐ Relaxation ☐ Other _____

Preferred depth of pressure: ☐ Light ☐ Medium ☐ Deep

Are there any areas you prefer to be avoided during the massage session? Yes No If yes, please state _____

_____

Are there any areas you prefer to be targeted during the massage session? Yes No If yes, please state _____

_____

Consent to Treatment

I understand that the massage and bodywork received is provided by a Kentucky Licensed Massage Therapist and is for the purpose of relaxation, pain management, stress reduction, and the relief of muscular tension. If I experience any pain or discomfort during the massage session, I will **immediately** inform my massage therapist.

I have disclosed any special physical areas of my body to be avoided or targeted on the front of this form. I also understand that Lavender Moon Massage Therapy provides a full body massage and that I am to undress to my comfort level. I understand that I will be completely draped during the massage with only the body part being worked on exposed.

I further understand that this is a **NON-SEXUAL MASSAGE** and that any illicit or sexually suggestive remarks or advances made by me will result in termination of the session and that I remain financially responsible for the entire scheduled appointment, regardless if the session terminated early.

Our time together is precious and I agree to cancel, if need be, 24 hours in advance of my appointed session. If I miss an appointment or fail to cancel within the 24 hour period, I agree to pay the full appointment fee**. If I make it a habit to cancel within 24 hours of my appointment or fail to show up, in the future, I may be required to prepay with cash to secure my appointment.

Signature:_____ Date: _____

Signature is of ☐ Patient ☐ Parent ☐ Legal Guardian*

The above statements must be signed and dated to be valid. If the patient is an emancipated minor or 18 years of age, he/she is required to sign the Intake and Consent for Treatment.

*Documentation regarding guardianship must be provided in order to comply with the above request.

** At the discretion of Lavender Moon, LLC