



New Lease on Life Bodywork, PC

Jacqueline Davis LMT, PhD 423.206.0746

Massage Client Intake Form:

Name: _____ Date: _____

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

Phone: (day) _____ (eve) _____ Date of Birth: _____

Occupation: _____ Employer: _____

Referred by: _____ Physician: _____

Previous experience with massage: _____

Primary reason for massage: _____

Emergency contact: Name: _____ number: _____

A. Conditions: Please mark (X) for all conditions that apply now. Put a (P) for past conditions, an (F) for family history of illness

- | | | |
|----------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> headaches, migraines | <input type="checkbox"/> birth control, IUD | <input type="checkbox"/> verified or possible pregnancy |
| <input type="checkbox"/> vision problems, contact lenses | <input type="checkbox"/> fatigue | <input type="checkbox"/> tension, stress |
| <input type="checkbox"/> hearing problems, deafness | <input type="checkbox"/> muscle, bone injuries | <input type="checkbox"/> depression |
| <input type="checkbox"/> injuries to face or head | <input type="checkbox"/> numbness or tingling | <input type="checkbox"/> sleep difficulties |
| <input type="checkbox"/> sinus problems | <input type="checkbox"/> sprains, strains | <input type="checkbox"/> allergies, sensitivities |
| <input type="checkbox"/> dental bridges, braces | <input type="checkbox"/> arthritis, tendonitis | <input type="checkbox"/> rashes, athletes foot |
| <input type="checkbox"/> jaw pain, TMJ problems | <input type="checkbox"/> cancer, tumors | <input type="checkbox"/> infectious diseases |
| <input type="checkbox"/> asthma or lung conditions | <input type="checkbox"/> spinal column disorders | <input type="checkbox"/> blood clots |
| <input type="checkbox"/> constipation, diarrhea | <input type="checkbox"/> diabetes | <input type="checkbox"/> varicose veins |
| <input type="checkbox"/> hernia | <input type="checkbox"/> high/low blood pressure | <input type="checkbox"/> heart, circulatory problems |
| <input type="checkbox"/> fibromyalgia | <input type="checkbox"/> carpal tunnel syndrome | <input type="checkbox"/> golfer or <input type="checkbox"/> tennis elbow |
| <input type="checkbox"/> abdominal or digestive problems | <input type="checkbox"/> other medical conditions not listed: Please list below: | |

Pain (Check related descriptors) chronic intermittent continuous localized
 generalized radiating sharp dull burning

Pain location: muscle joint Please specify:

B. What are your goals for the session?



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Client Information Form: (page 2)

A. Describe conditions checked on front page. You may use the back of the page if needed.

B. Additional information to inform treatment.

1. List current medications including aspirin, ibuprofen, herbs, supplements, etc.

2. List and briefly describe surgeries:

3. List and briefly describe prior injuries and resulting health conditions including the time frame of the injury, treatments, and recurrences of the condition(s).



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4. What forms and frequency of stress reduction activities do you participate in, such as hobbies, exercise or sports activity?

5. Describe circumstances when you feel pain. What are you doing? Where do you feel it? When did it begin?



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INFORMED CONSENT FOR MASSAGE THERAPY

I _____ (client name) hereby request and consent to massage therapy/body work by the therapist at New Lease on Life. The practitioner is licensed as a massage therapist by Tennessee state which defines massage/bodywork as “manipulation of soft tissues of the body with the intention of positively affecting the health and well-being of the client” (Title 63 Profession of the Healing Arts; 63-18-102).

I understand that the therapist has training and skills in the following modalities: acupressure, Craniosacral Therapy, Ortho-Bionomy®, and Swedish massage. I acknowledge that I am expected to wear comfortable clothing that is clean and allows movement, such as exercise clothing.

I understand that massage/bodywork in general can provide the following benefits; reduce stress; relieve muscular tension, spasm, or pain; and increase circulation and energy flow. I am now informed that massage therapists/bodyworkers do not diagnose illness or disease, perform any spinal manipulations, nor do they prescribe any medical treatments.

I am aware that therapeutic massage is not a substitute for medical examination and I will seek appropriate health care as needed for those services. I accept that massage/bodywork promises no long-term results nor will it cure my health problems. I have disclosed all health conditions that may be contraindications or cautions for massage/bodywork to the therapist in the intake paperwork. I will continue to update any changes to my health in future sessions.

I verify I am aware that I and the therapist are expected to immediately say so if we become uncomfortable for any reason during the massage. Sexual advances on part of the therapist or client of any kind are not tolerated. Children are not permitted in the massage room and must have childcare provided for them during the session at another location.

Cancellation Policy: A 24-hour notice is required for cancellation of the appointment so that the therapist’s time is available for another client. I understand that I will be charged for the session if I do not meet the cancellation policy and that clients who do not call or arrive for the session will not be rescheduled after the 2nd occurrence.

All information will be kept strictly confidential and will remain with New Lease on Life Body and Energy Work, PC.

I have read and agree with the above information. If I have any concerns or questions I will let the therapist know right away.

Client Name: _____
(Please print your name legibly above)

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____