



Client Intake Information

VALENCE MASSAGE

Thank you for your business!

All information is kept strictly confidential.

Name:

(First)

(Last)

Street

Address

City, State

Zip

Email:

Phone:

Date of Birth:

Referred by:

What is your primary reason for seeking massage therapy? [Stress / Anxiety – Chronic / Acute Pain – General Relaxation]

How long and how often has this been a problem?

Any movements/activities make it worse?

What relieves symptoms?

Have you seen a (doctor, chiropractor, massage therapist, etc.) about this condition?

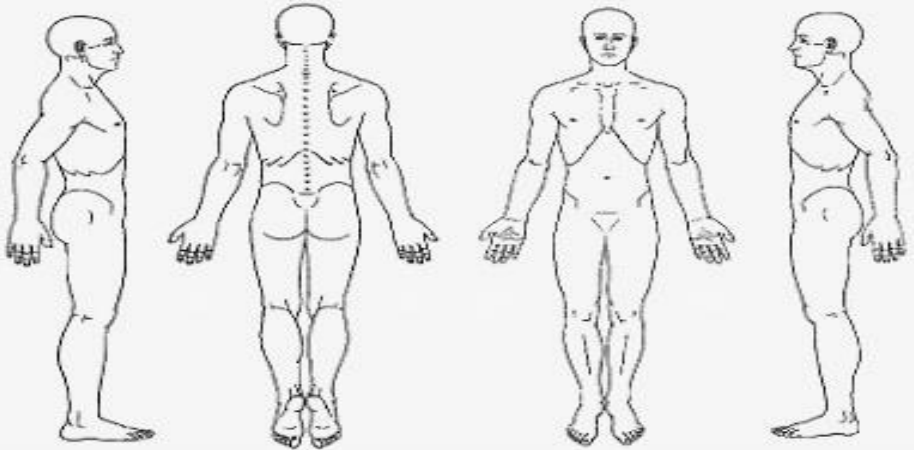
Yes No

If yes, what worked? What did not work?

Please list any relevant conditions, injuries, including pregnancy.

Mark any painful/symptomatic areas on the body map

Pain Scale: 1 2 3 4 5 6 7 8 9 10



Please list any relevant medications or past surgeries:

Neck Pain Yes No

Headache Yes No

Back Pain Yes No

High Blood Pressure Yes No

Anxiety Yes No

Osteoporosis Yes No

I understand that the massage I receive is provided for the purposes of relaxation and relief of pain and tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner. **I understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment; for those things I should see a physician, or other qualified medical specialist.** I understand that massage practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, so nothing said during the session given should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. **I also understand that any illicit or sexually suggestive remarks or advances will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.**

Client Signature:

Today's Date:

Practitioner Signature:

Today's Date:

Consent to Treatment of Minor: I hereby authorize Valence Massage to administer massage therapy to my child/dependent as necessary.

Signature of Parent/Guardian:

Today's Date: