

Align Massage + Wellness, LLC

Client Intake Form

Name: _____ Date of Birth: _____

Phone: _____ Email: _____

Address: _____

Source of Referral: _____

Emergency Contact Name: _____ Phone: _____

Primary Complaint: _____

Medication: _____

Injuries/Surgeries (past 5 years): _____

Additional Info: _____

Health Questions (circle what applies)

Headaches/Migraines

Asthma

Bruise Easily

Poor Circulation

Heart Attack/Pacemaker

Diabetes

Varicose Veins

Arthritis

Fibromyalgia

Skin

Painful Joints/Bursitis

Blood Clots

Conditions/Rash/Irritation

Stroke

Cancer

High/Low Blood Pressure

Other: _____

Prenatal

Any pregnancy complications of health issues? _____

Due Date: _____ Trimester: _____

Allergies (circle what applies)

Coconut Oil

Sensitive to
scents/essential oils

Other Allergies:

Align Massage + Wellness, LLC
Cancellation Policy and Health Agreement

I have completed the above form to the best of my ability and knowledge. I agree to inform my healthcare provider and massage therapist of any health changes that may occur immediately. I understand that massage is for the purpose of stress reduction and the relief of muscular tension, spasms, or pain and to increase circulation. If I experience any pain or discomfort, I will inform my massage therapist immediately so the massage can be adjusted. I understand that the massage therapist does not diagnose illness or disease, or perform any spinal manipulations, and does not prescribe any medications. I acknowledge that massage is not a substitute for traditional health care. I fully understand the risks of massage therapy, including but not limited to superficial bruising and muscle soreness. I understand that any inappropriate remarks or advances made to the therapist will result in immediate termination of the session.

Cancellation Policy: We respectfully ask you give a 24-hour notice of any schedule changes or cancellation requests. Not providing a 24-hour notice will result in a 100% charge for the missed appointment, which will be processed through the credit card on file. We understand that emergencies can arise and illnesses do occur at inopportune times. Inclement weather may also result in the need for late cancellations. We will do our best to give advance notice if we are closing or need to cancel due to illness or bad weather and we ask you to do the same.

By signing this release, I hereby waive and release Align Massage + Wellness, LLC and its therapists from any and all liability relating to massage therapy and bodywork.

Signature: _____ **Date:** _____