

Sage Health

Massage & Wellness Intake Form

Please fill out all information as accurately and thoroughly as possible.

Name: _____ Email: _____

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

Phone # Work: _____ Home: _____ Cell: _____

Occupation: _____ Date of Birth: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

How did you hear about us? _____ Height: _____ Weight: _____

Have you ever received professional massage or bodywork before: _____

What (specifically) would you like to receive from your appointment today? _____

Would you like me to focus on or target any specific areas today? _____

Would you like me to stay away from any specific areas? _____

How much pressure do you like: Light: _____ Medium: _____ Hard: _____ Don't Know: _____

HEALTH INFORMATION

Are you or have you ever had any of the following conditions (Please check yes or no).

	Yes	No		Yes	No		Yes	No
Smoker?			Pregnant?			Contagious Disease?		
High Blood Pressure?			Allergies?			Heart Conditions?		
Low Blood Pressure?			Seizures?			Diabetic?		
Epilepsy?			Varicose Veins?			Cancer?		
Frequent Headaches?			Dementia?			Frequent Anxiety?		
Nausea?			Skin Conditions?			Surgeries?		

Please explain any yes answers: _____

Are you currently suffering from pain related to traumatic experience (i.e.: car accident, sports injuries, surgeries) Y / N

If yes, briefly explain (what and when): _____

Are you currently taking any medications or supplements (prescription and non-prescription) Y / N?

If yes list names & dosage of all medications:

Signature: _____ Date: _____ Therapists Initials: _____

If minor, signature of guardian required: _____ Date: _____

Disclaimer: By signing above, I agree that I understand that a massage therapist is not a doctor and cannot prescribe medication or diagnose medical conditions. The therapists does not discriminate on the basis of race, religion, age, gender and sexual preference.

Sage Health Massage Consent Form

Please read and sign

I verify that all information is correct and current to the best of my knowledge. I understand that any information provided is for health purposes and will be kept strictly confidential.

I hereby give my consent to receive massage services and/or other bodywork or treatment (the "Services") from Kirsten Sage Chiropractic Offices, APC, DBA Sage Health and I acknowledge and agree that I am doing so at my own risk. My health and safety with respect to such Services are my sole responsibility. I acknowledge that my receipt of the Services from Kirsten Sage Chiropractic Offices, APC, DBA Sage Health may result in bodily injury to me or my death. My decision to receive Services from Kirsten Sage Chiropractic Offices, APC DBA Sage Health is voluntary, and I know of, understand and assume any and all the risks associated there with.

Massage Client Waiver Form

Please take a moment to read and **initial** the following information:

I understand that massage therapy is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation and energy flow.*

If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.*

I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.*

I affirm that I have notified my therapist of all known medical conditions and injuries.*

I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so.*

I understand that massage is entirely therapeutic and non-sexual in nature.*

I have received the policy statement, and have read and agree to the policies therein.*

Client Name*

Client Signature*

Date*

Therapist Signature

Please be aware of our 24 hour cancellation policy.