"My goal is your well being"

• Migraine Relief • Relaxation • Stress Tension • Deep Tissue • Trigger Point • Myofacia Release •

GLORIA'S MASSAGE THERAPY

Client Intake Form

Date: _____

Full Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____ Occupation: _____

Emergency Contact: _____ Phone #: _____ Relationship: _____

Physician: _____ Phone #: _____

MEDICAL HISTORY

Health Conditions: _____ Medications Being Taken: _____

Please indicate any of the following conditions that you currently have

- ❏ headaches
- ❏ cancer
- ❏ heart/circulation problems
- ❏ major accident
- ❏ neck / back injuries
- ❏ numbness
- ❏ allergies
- ❏ DTMJ
- ❏ joint surgery
- ❏ varicose veins
- ❏ diabetes
- ❏ sprains, strains
- ❏ arthritis, tendonitis
- ❏ abnormal skin condition
- ❏ high / low blood pressure
- ❏ blood clots
- ❏ fibromyalgia
- ❏ recent injuries

Please INITIAL the following statements:

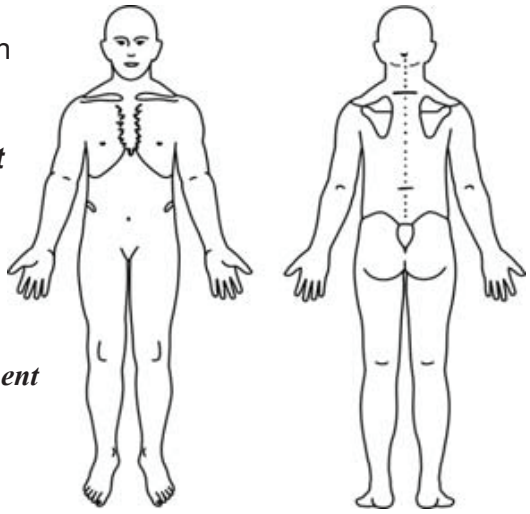
_____ 1. I am aware that draping is required at all times.

_____ 2. I understand that feedback is an essential element in my therapy, therefore if at anytime you should become uncomfortable during the massage, you may bring it to the therapist's attention and request the session to end.

_____ 3. I understand that it is not within the scope of the massage session for the therapist to engage in a breast massage of female clients.

_____ 4. I understand this is a professional massage therapy session. ***Therefore, we do not massage the groin area or any area that is inappropriate. Please don't ask!***

PLEASE CIRCLE AREAS OF PAIN, STRESS OR TENSION



Please read and sign the following: I acknowledge that the above information is complete and accurate to the best of my knowledge.

I am also aware that payment is due on the date of service. ***A missed appointment or cancellation with less than 24 hours notice will be charged $35.00.***

X _____ _____

Signature **Date**