



Massage Intake

Contact Information

Name: _____ Date: _____

Date of Birth: _____ Gender: Male Female Other

Address: _____

Phone: _____ Email: _____

Emergency contact: _____ Phone: _____

Massage Information

Have you ever received professional massage/bodywork before? Yes No

What kind of pressure do you prefer? Light Medium Firm

What are your goals for your massage today? _____

List your current symptoms/issues (stress, pain, stiffness, numbness/tingling, swelling, etc.): _____

List the medications you currently take: _____

Are you pregnant? Yes No If so, please identify which trimester _____

Health History

Have you had any injuries or surgeries in the past that may influence today's treatment?

Check any of the following health conditions that you currently have (If you are unsure, please ask):

- Blood Clots Infections Congestive Heart Failure Contagious Diseases
- Pitted Edema Contagious Skin Conditions Muscle or joint pain/stiffness
- Sensitive to touch/pressure
- Shortness of breath, asthma
- Epilepsy, seizures Migraines
- Digestive conditions (e.g. Crohn's, IBS) Arthritis (rheumatoid, osteoarthritis)
- Numbness or tingling Swelling Bruise easily
- High/Low blood pressure Stroke, heart attack Varicose veins
- Cancer Neurological (e.g. MS, Parkinson's, chronic pain) Headaches Dizziness, ringing in the ears
- Kidney disease, infection
- Osteoporosis, degenerative spine/disk Scoliosis
- Broken bones Allergies Diabetes Endocrine/thyroid conditions Depression, anxiety

(Please answer honestly, as massage may not be indicated for the above conditions.)

Comments: _____

Continued on back.....

Consent for Treatment

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my 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 made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. Understanding all of this, I give my consent to receive care.

Initial Here _____

Policies

- Inertia 6 reserves the right to refuse service to anyone.
- Pricing is subject to change.
- 24 HOUR CANCELLATION POLICY: All clients holding appointments with Inertia6 must cancel online at inertia6.com a minimum of 24 hours prior to scheduled appointment in order to avoid charges. If an appointment is canceled less than 24 hours in advance, the applicable charges shall apply.

Initial Here _____

Client Signature _____ Date _____

Parent or Guardian Signature (in case of a minor) _____