Suraj Shah, CMT

Client Intake Form

Personal Information

Name:_____ Birthdate: _____Phone: _____

Street Address _____ _____ City/State/Zip _____

Email _____ Driver's License/State ID# _____

Occupation _____ Employer _____

Emergency Contact _____ Relationship _____ Phone _____

Referred By _____

Medical Information

Are you taking any medications? ☐ yes ☐ no

If yes, please list name and use: _____

_____

Are you currently pregnant? ☐ yes ☐ no

If yes, how far along? _____

Any high risk factors? _____

Do you suffer from pain? ☐ yes ☐ no

Is it chronic? ☐ yes ☐ no

If yes to either, please explain

_____

_____

Any current/recent injuries or surgeries? ☐ yes ☐ no

If yes, please list: _____

_____

Please indicate any of the following that apply to you.

☐ Cancer:_____
☐ Headaches/Migraines
☐ Arthritis
☐ Diabetes
☐ Joint Replacement(s)
☐ High/Low Blood Pressure
☐ Neuropathy
☐ Fibromyalgia
☐ Stroke
☐ Heart Attack
☐ Kidney Dysfunction
☐ Blood Clots
☐ Numbness
☐ Sprains or Strains

Explain any other conditions not listed above:

_____

_____

_____

_____

Massage Information

Have you had a professional massage before? ☐ yes ☐ no

Do you have any allergies to lotions or oils or other skin sensitivities?

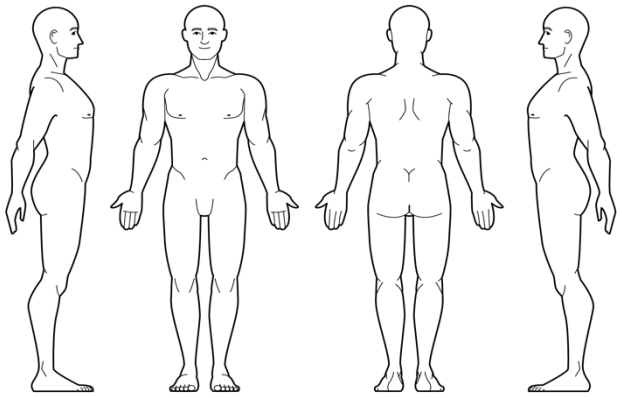
_____

Are there any areas (feet, face, abdomen, etc.) you do not want massaged?

_____

Please mark an "x" in areas of discomfort

(done during appointment)



By signing below, you agree to the following.

I have completed this form to the best of my ability and knowledge and agree to inform my therapist if any of the above information changes at any time.

Client Signature _____ *Date* _____

Therapist Signature _____ *Date* _____

Suraj Shah, CMT

General Liability Release for Massage Services:

I give my permission to receive massage therapy. I understand that therapeutic massage is not a substitute for traditional medical treatment or medications. I understand that the massage therapist does not diagnose illnesses, injuries, or prescribe medications. I have clearance from my physician to receive massage therapy. I understand the risks associated with massage include, but are not limited to: superficial bruising, short-term muscle soreness, and exacerbation of undiscovered injury. I therefore release Suraj Shah, CMT and the individual massage therapist from all liability concerning these injuries that may occur during the massage session. I understand the importance of informing my massage therapist of all medical conditions and medications I am taking, and to let the massage therapist know about any changes to these. I understand that there may be additional risks based on my physical condition. I understand that it is my responsibility to inform my massage therapist of any discomfort I may feel during the massage session so he/she may adjust accordingly. I understand that I or the massage therapist may terminate the session at any time. I have been given a chance to ask about the massage therapy session and my questions have been answered.

Print Name: _____

Signature: _____

Date: _____