

# Breckels Massage Therapy, Inc. Client Intake Form

Name \_\_\_\_\_ Phone H) \_\_\_\_\_ C) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Ph. \_\_\_\_\_  
Would you like text message appointment reminders? If yes, what is your mobile carrier? \_\_\_\_\_  
Optional: What is your gender (circle one): Transgender Female Male Other Gender  
Identity \_\_\_\_\_

## How did you hear about us?

- Internet \_\_\_\_\_
- Facebook \_\_\_\_\_
- Gift Certificate \_\_\_\_\_
- Grosse Pointe News \_\_\_\_\_
- Location/DriveBy \_\_\_\_\_
- Local Business \_\_\_\_\_
- Doctor Referral \_\_\_\_\_
- Another Client \_\_\_\_\_
- Name \_\_\_\_\_
- Yelp \_\_\_\_\_
- Name \_\_\_\_\_
- Other \_\_\_\_\_

## Massage Questionnaire

Have you had a massage before? \_\_\_\_\_ Do you need help getting on or off the table? \_\_\_\_\_  
Areas therapist should concentrate on: \_\_\_\_\_ Areas to avoid? \_\_\_\_\_  
Do you prefer deep, medium, or light pressure? \_\_\_\_\_  
Do you have pain today? \_\_\_\_\_ Explain \_\_\_\_\_  
Goal for today's session \_\_\_\_\_  
What is your music preference? (circle one or more)  
Classical Guitar Jazz Piano Vocal Flute Chill-Electronica Minimal/Meditative No Music Other \_\_\_\_\_

## Health History

Do have a history of any of the following?

- Heart Disease
- Blood Disorders
- Fibromyalgia
- Seizures
- Allergies
- Wear Contacts
- Lung Disorders
- Diabetes
- Vision
- Cancer
- Arthritis
- Hearing loss
- Circulatory Problems
- High Blood Pressure
- Pregnancy-Number of weeks \_\_\_\_\_
- Immune Deficiency
- Osteoporosis
- Skin Problems

If you checked any of the above, please explain \_\_\_\_\_

Have you had any surgery, trauma or accidents in the past two years? If yes, please explain \_\_\_\_\_

Do you have any other medical problems or concerns that you think your therapist should know about? \_\_\_\_\_

**Please know that your massage therapist is not a physician and cannot diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session should be construed as such. Because massage should not be performed under certain medical conditions, please state all known medical conditions and answer all questions honestly. Please keep us updated as to any changes in your medical profile and understand that there shall be no liability on the practitioner's part or the part of Breckels Massage Therapy, Inc. shall you fail to do so. Your medical condition may be shared with other therapists on staff; however any other information you choose to share with your therapist will be kept confidential.**

## POLICIES: PLEASE INITIAL

\_\_\_\_\_ 24 hour's notice is required to cancel an appointment, otherwise client will be charged the full cost of the appointment.

If you have incurred 3 (paid) no-shows or late cancels within 6 months, you will be expected to pre-pay for all future appointments. You may also "walk-in" to see if we have anything open at any time, but you will not be able to reserve an appointment time on our schedule without paying for it first. If your account remains active and in good standing for 6 months, the pre-pay stipulation will be removed from your account.

\_\_\_\_\_ If a client is late for an appointment, the therapist will give as much time as he/she can, but will charge the full cost of the appointment.

\_\_\_\_\_ Any illicit or sexually suggestive remarks or behavior made will result in immediate termination of the session, and the client will be liable for the payment of the scheduled appointment and the police will be notified immediately.

I agree and understand the above policies.

Sign \_\_\_\_\_ Date \_\_\_\_\_  
Practitioner's Signature \_\_\_\_\_ Date \_\_\_\_\_