



- Client Intake Form

Name _____ Phone # _____ Occupation _____

Mailing Address _____

Date of Birth _____ E-Mail Address _____

Emergency Contact _____ Phone# _____

Optional: Your Pronoun: (circle one) She/Her He/Him They/Their Other: _____

Let us know your communication preferences here: TEXT EMAIL NO, THANKS!

Appointment confirmations, reminders, and receipts..... and/or

Notifications of our future same-day openings and/or

Promotional discount offers and/or

To sign up for text promo discounts you need to opt in by texting "SUBSCRIBE" to (313) 631-0862

Email newsletter (no more than 1x month) YES NO

How did you find us: _____

Referred by a person: _____ May we send them a "thank you" for referring you? YES NO

Massage Questionnaire:

Have you had a professional massage before? YES NO

Do you need help getting on or off the table? YES NO

Do you have pain today? YES NO

What type of pressure do you typically prefer? LIGHT MEDIUM DEEP DIFFERENT ON EACH AREA

Do you have any allergies, or sensitivities to oils, lotions, or scents? YES NO If yes, please explain:

What areas should your therapist concentrate on? _____

What areas should your therapist avoid / not touch at all? _____

What are your goals for today's session? _____

Is there anything about past massages you've received that we should know about:

Things you've liked? _____

Things you did NOT like? _____

Anything that you really enjoy or you want to make sure we include? _____

What is your music preference? (circle one or more)

Classical Guitar Jazz Piano Flute Chill-Electronica Minimal-Meditative Nature Sounds No Music

You may also play personal music from your device with our headphone-jack audio cable connector; just ask!

Would you like aromatherapy during your massage? YES NO

We keep a list of available scents in each room; if you'd like more scents during your session, please ask!

Health History

Please circle any condition below that applies to you:

- COVID-19 Survivor
- Anxiety
- Seizures
- Lung Disorders
- Cancer
- Circulatory Issues
- Immune Deficiency
- Blood Clots
- Headaches/Migraines
- Blood Disorders
- Allergies
- Diabetes
- Arthritis
- High Blood Pressure
- Low Blood Pressure
- Artificial Joints
- TMJ Disorder
- Fibromyalgia
- Wear Contacts
- Vision Loss
- Hearing Loss
- Skin Disorders
- Varicose Veins
- Depression
- Numbness
- Heart Condition
- Osteoporosis
- Pregnancy-Number of weeks_____
- Other:

If you circled any of the above, please explain further, if needed:

Have you had any recent injury or surgery (within the last two years)? If yes, please explain:

Are you taking any medication (oral, topical, prescription, over-the-counter, etc.)? If yes, please explain:

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, 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 NEXT TO ALL POLICIES ONCE READ TO SHOW YOU UNDERSTAND AND AGREE TO THEM

____24 hour’s notice is required to cancel an appointment; otherwise, the 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 cannot reserve an appointment time on our schedule without paying for it first. The pre-pay stipulation will be removed if your account remains active and in good standing for 6 months

____If a client is late, the therapist will give as much time as they can, but we 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 understand that Breckels Massage Therapy cannot guarantee zero exposure to COVID-19 or any illness, and I will cancel my appointment if I am feeling unwell or have been exposed to someone that is feeling unwell.

____I understand that if I need any adjustments during my massage session that I should tell my LMT right away. Including, but not limited to, the level of pressure, the temperature on the table, the aromatherapy, the music/sounds, and the techniques of my therapist.

I agree and understand the above policies

Client Signature _____ Date _____

Practitioner’s Signature _____ Date _____