



## Restful Touch Intake Form

### **Personal Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Would you like to receive offers?  Yes  No

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

**\*We Offer a Complimentary Foot Scrub with Every Service Over 30-Minutes, Would You Like to Receive a Scrub? Y / N**

### **Medical Information:**

Are you taking any medications?  Yes  No

If yes please list name and use: \_\_\_\_\_

\_\_\_\_\_

Are you currently pregnant? Yes  No  If Yes, which trimester are you in? \_\_\_\_\_

Any high risk factors? \_\_\_\_\_

Do you suffer from chronic pain?  Yes  No

If yes, please explain \_\_\_\_\_

What lessens the pain? \_\_\_\_\_ What increases the pain? \_\_\_\_\_

Have you had orthopedic injuries? Yes  No  If Yes, please list: \_\_\_\_\_



Please indicate with an (x) if any of the following apply to you:

Cancer  Headaches/Migraines  Arthritis  Diabetes  Joint Replacement(s)

High/Low Blood Pressure  Neuropathy  Fibromyalgia  Stroke  Heart Attack

Kidney Disfunction  Blood Clots  Numbness  Skin Conditions  Sprains/Strains

Explain any conditions you have marked above: \_\_\_\_\_

\_\_\_\_\_

**Massage Information:**

Have you ever had a professional massage before?  Yes  No

What type of massage are you seeking?

Relaxation/Stress Reduction  Relaxation/Therapeutic  Deep Tissue/Therapeutic

What pressure do you prefer? (Please circle one)

Light    Medium    Deep    Other: \_\_\_\_\_

Do you have allergies or skin sensitivities?  Yes  No

Please explain: \_\_\_\_\_

Are you okay with the following being massaged?

**Feet:**  Y  N    **Face:**  Y  N    **Head/Hair:**  Y  N    **Legs:**  Y  N    **Arms:**  Y  N

**Back:**  Y  N    **Neck:**  Y  N    **Glutes:**  Y  N    **Abdomen:** (only by request)  Y  N

What are your goals for this treatment session? \_\_\_\_\_

\_\_\_\_\_

**By signing below you agree to the following:**

- I agree to give a **Twenty-Four Hour** cancellation notice if I can not make a scheduled



appointment. I understand by not doing so will result in a 100% charge of my current scheduled appointment or the gift certificate/offer will be voided. \_\_\_\_\_ (Initials)

- I have completed this form to the best of my ability and knowledge, I understand that massage therapists do not treat, diagnose or cure ailments. I have spoke with my Medical Doctor and they have okayed me for receiving massage and I agree to inform my therapist if any of the above information changes at any time. \_\_\_\_\_ (Initials)
- I understand that massage is intended for therapeutic services only and I'm aware of Restful Touch's very strict Sexual Harassment Policy (Below)\*\* \_\_\_\_\_ (Initials)

**\*\* If at any time your therapist feels uncomfortable due to comments or actions you make, the session will immediately be ended, you will owe the full price of your session and you will be asked to not return.**

- **Jacuzzi and Sauna Disclaimer:** I agree to obey all posted and oral rules, warnings instructions and directions given by the staff of Restful Touch. I understand there are inherent risks associated with using these amenities and have consulted my Doctor before use. I agree to release Restful Touch from responsibility for injury, loss or damages caused by my neglect to follow the rules. \_\_\_\_\_ (Initials)

Client's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (If under 18): \_\_\_\_\_ Date: \_\_\_\_\_