Massage Reimagined - Confidential Therapeutic Massage Client Intake Form

Name: _____ Pronouns: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

E-mail: _____ Phone: _____

Occupation: _____ Hobbies: _____

Emergency Contact: _____ Phone_____

The following information will be used to help plan safe and effective massage sessions. Please answer the questions to the best of your comfort and knowledge.

Have you had a professional massage before? Yes No If yes, how often? _____

Do you have any difficulty lying on your front, back, or side? Yes No
If yes, please explain: _____

Do you have any allergies to oils, lotions, or ointments? Yes No
If yes, please explain: _____

Do you have sensitive skin? Yes No | Do you consider yourself ticklish? Yes No
If yes, are there areas we should avoid or be careful around? _____

_____

Are there any massage/spa smells that you especially like/~~dislike~~? Vanilla, lavender, peppermint, eucalyptus, jasmine, lemongrass, others:_____

Do you sit for long hours or perform repetitive movements (work, sports, etc.) Yes No
If yes, please describe: _____

Do you experience stress in your work, family, or other aspect of your life? Yes No
If yes, do you think it is contributing to any of the following: muscle tension ( ) anxiety ( ) insomnia ( ) irritability ( ) other _____

Are there any areas of the body where you are experiencing tension, stiffness, pain or other discomfort now? Yes No
If yes, please identify: _____

How are you feeling today (physically, emotionally, energetically, etc.)? _____

_____

_____

Do you have any specific goals in mind for this massage session? _____

_____

_____

Circle any of the topics below if you are interested in incorporating them into your massage session (now or later) or learning more about them:

Essential Oils | Cannabis/CBD Oils | Cupping | Thai Stretching | Nurturing Touch

Are you currently under medical supervision (including chiropractic) or taking any medications that we should be aware of? Yes No

If yes, please explain/list: _____

_____

Please check any condition listed below that applies to you:

( ) any issues with touch/massage
( ) open sores or wounds
( ) easy bruising
( ) recent injury or surgery
( ) contagious skin condition
( ) skin allergies/sensitivity
( ) heart or circulatory condition
( ) high or low blood pressure
( ) varicose veins or phlebitis
( ) joint disorder/arthritis/osteoporosis
( ) headaches/migraines/TMJ
( ) pregnancy If yes, how many months?

Please explain any condition that you have marked above and anything else about your health history that you think would be useful for your massage practitioner to know to plan a safe and effective massage session for you:

_____

_____

_____

Conversation: Do you have any general or specific preferences on the amount of conversation during your massage? ( ) No Preferences ( ) I enjoy conversation during my massage ( ) I prefer little to no conversation during my massages ( ) Other (Explain Below)

_____

_____

If you really want to personalize your massage experience, give us some descriptive adjectives that describe your ideal massage: _____

_____

_____

Can you please tell us how you learned of our practice? (Thank you!): _____

_____

I am at least 18 years of age, and I understand that massage is provided for relaxation, relief of muscular tension, and general musculoskeletal support. If I experience any pain, discomfort, or anxiety during the session, I will immediately inform the practitioner so adjustments can be made. Massage practitioners do not diagnose conditions, prescribe medications, or provide medical advice outside the scope of massage therapy. I understand that I should consult a physician or other qualified healthcare provider for any physical or mental health concerns. Because massage may be contraindicated under certain conditions, I affirm that I have disclosed all known health issues and answered all questions honestly. I agree to update the practitioner about any changes in my health so that they can provide a safe and appropriate session. I understand that all health information I provide will be kept confidential and protected as required by HIPAA, and that the therapeutic relationship begins once the therapist has accepted me for care and agreed to provide massage services.

Client Name: _____ Signature: _____ Date_____

Accepted By: _____ Signature: _____ Date_____

All information disclosed in this form is confidential.

	Least<----------->More - Most										
How ***relaxing*** do you want your massage to be?	0	1	2	3	4	5	6	7	8	9	10 - Ultra!
How ***deep*** do you want your massage to be?	0	1	2	3	4	5	6	7	8	9	10 - Ultra!
How ***warm*** do you like your massage room/table?	0	1	2	3	4	5	6	7	8	9	10 - Ultra!
How ***comfortable*** are you with massage/touch?	0	1	2	3	4	5	6	7	8	9	10 - Ultra!
How ***modest*** *are you feeling today? (0=Not, 10=Very)*	0	1	2	3	4	5	6	7	8	9	10
How are you with **boundaries & advocating for yourself**?	0	1	2	3	4	5	6	7	8	9	10

Nurturing, Challenging and Creative? These are difficult concepts to define because they can mean different things to different people. Our nurturing work tends to be slower, more thoughtful, and more neuro-emotionally focused. Our challenging work can be, well, *challenging,* but in so many wonderfully different ways. As for creativity, we can probably give you one of the most unique massage experiences of your life, if you are up for it. For now, just go with your intuition and we can discuss the details during your intake.

How ***nurturing*** do you want your massage to be?	0	1	2	3	4	5	6	7	8	9	10 - Ultra!
How ***challenging*** do you want your massage to be?	0	1	2	3	4	5	6	7	8	9	10 – Ultra!
How ***creative*** do you want your massage to be?	0	1	2	3	4	5	6	7	8	9	10 – Ultra!

Areas That You May Want More or Less Pressure or Attention: Please circle the type of pressure you want and any notes about the type of work you want in the following areas:

Glutes – None **|** Light **|** Medium **|** Deep _____

Adductors (inner legs) – None **|** Light **|** Medium **|** Deep _____

Hip/Groin/Psoas Areas – None **|** Light **|** Medium **|** Deep _____

Stomach – None **|** Light **|** Medium **|** Deep - **Ticklish Stomach?** Yes No _____

Feet – None **|** Light **|** Medium **|** Deep - **Ticklish Feet?** Yes No _____

Face - Yes **|** No **If yes, what type:** Light Relaxing Touch **|** Deep Muscle Work **|** Both

Scalp - None **|** Some **|** Lots! _____ **Hair** – None **|** Some | Lots! _____

Partial and/or Full Chest Massage: Please indicate whether or not you would like massage directly on or around your chest and/or breasts and if so, the type of work you would like.

No Chest | Upper Chest Only **|** Full Chest & Sternum (does not include breast tissue)

Breast Area/Tissue: If you want to include some or all your breast tissue in your massage, let us know what area to include and the type of massage/focus you would like in this area:

No Breast Tissue | Some Breast Tissue **|** Most Breast Tissue (No Areola/Nipples) **|** Entire Breasts

Type: Therapeutic Separate **|** Therapeutic Integrated **|** Holistic Integrated **|** Generous/Flowing

Other Areas of Concern or Special Focus: Let us know what else to focus on or avoid.

_____

_____

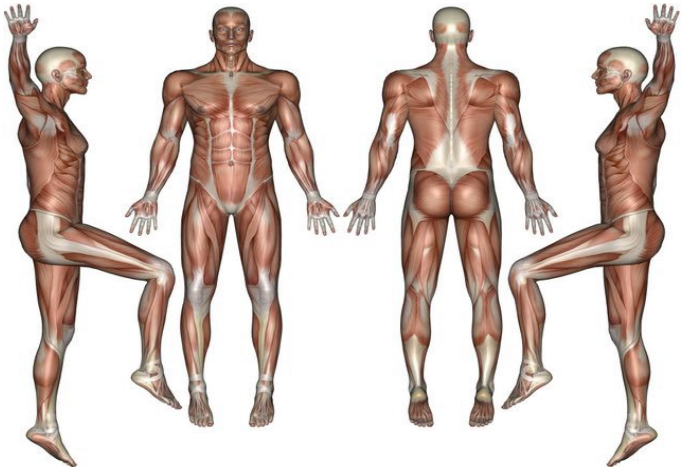
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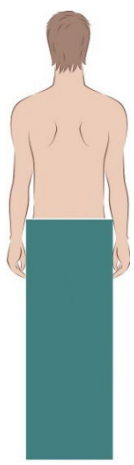
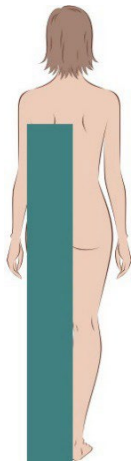
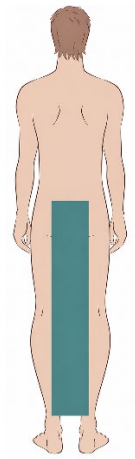
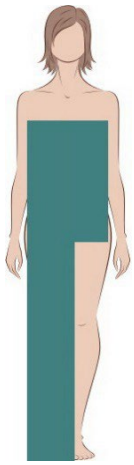
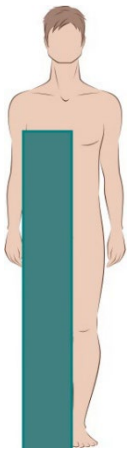
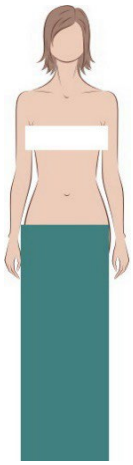
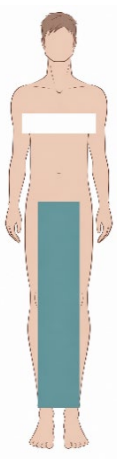
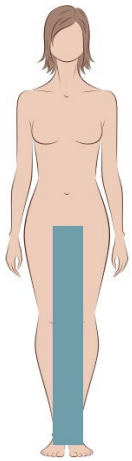
A Whole Lot of Information about Draping and Personal Modesty…

It is important for both the client and the therapist to feel as comfortable, relaxed and secure as possible during your session. One of the things that can cause some unease is the amount and type of draping used during the session, so we want to talk a little bit about that with you. The style of massage we do generally uses less draping than basic western massage styles. We use full-body strokes to treat the muscles in your neck, back, arms, hips, glutes, legs, and feet as one separate-but-definitely-continuous and integrated group of muscles.

Your first choice is whether you want to wear undergarments. If it is not a personal modesty issue, then we recommend not wearing any. They just get in the way of full body work, ***but this is a choice we leave completely up to you.*** We will make sure that you are covered to your desired level of modesty throughout the massage with a sheet or Lomi towels unless you specifically request no draping. Which brings us to your next choice….

What type of draping or covering you want while you are being massaged? You are free to choose how much or how little draping is used for your massage. Please use the pictures below to choose the draping that you would like. ***The green represents a sheet, and the white represents a cloth towel***. The draping to the left of each set is the most modest/clinical but does not allow for the most thorough and uninterrupted Deep Lomi Massage experience – whereas the draping to the right does but is obviously less modest.

The bottom line is that you feel safe, relaxed and completely comfortable with your choice so that you can thoroughly enjoy your massage.

Face Down (Circle One & Initial Below)			Face Up (Circle One & Initial Below)				
Western Draping	Half Sheet	Lomi Sheet	Western Draping	Half Sheet	Half Sheet & Towel	Lomi Sheet & Towel	Lomi Sheet No Towel
							

☐ Check this box if you would like your chest undraped ***only for the time*** that you are receiving work directly on your chest and/or breasts and then draped again. V____

☐ Check this box if you would like to have your chest undraped but would like your nipples/areolae covered (we have some disposable adhesive nipple covers that you can use and/or you are more than welcome to bring your own as well). V____

☐ If you do not want to have any draping, you will need to wear clothing (swim wear, athletic apparel, speedo, etc.) that covers your genitals as per state law. V____

These options are offered so that you know that you are in complete control of your body and modesty while you are on our table as well as to say that for us, in terms of bodywork, ***there should be no shame or glory rooted in our human form, only freedom and acceptance.***